376-2427

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# _____ PIN# 4765-42-9807 DATE 03-28-03

OWNER OR CONTRACTOR JENNIFER McLELLAND PHONE: Business 704-978-2592 Home 704-924-9812

ADDRESS 129 BELL FARM RD STATESVILLE, NC 28625

LOCATION 64 EAST ON BELL FARM RD ON RIGHT AT BOX # 129 / CORNERS MAPLE LEAF

SUBDIVISION CEDAR HILLS BLOCK / SECTION _____ LOT 1 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ✓ Square Feet _____ Linear Feet 200'

No Lines 2x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III. IV. V. VI

System Description: GRAV CONV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

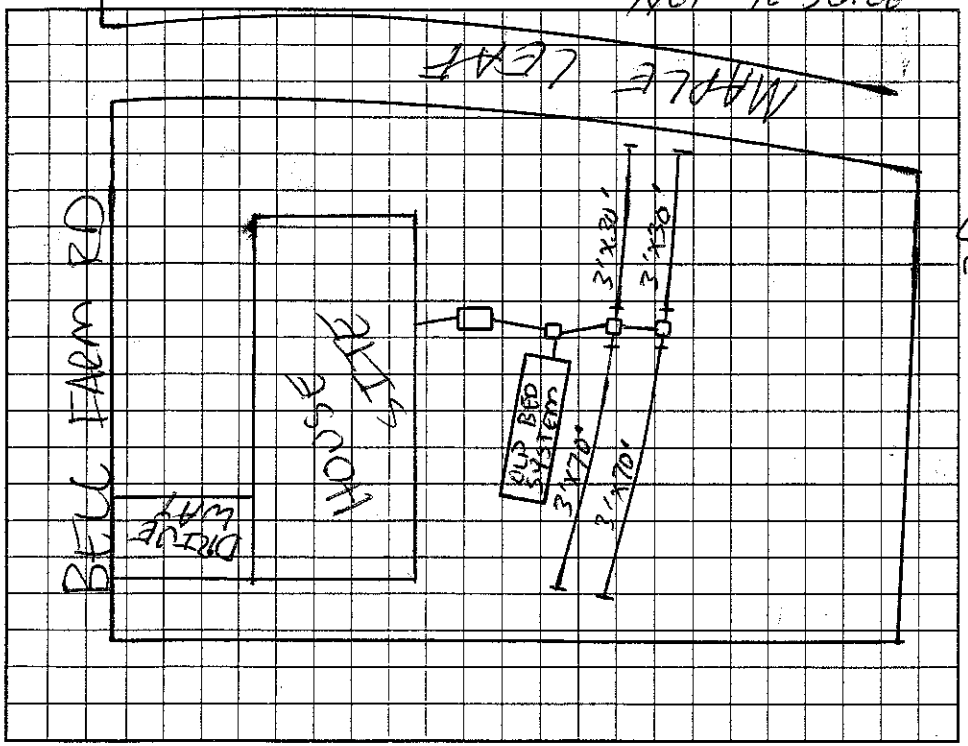
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

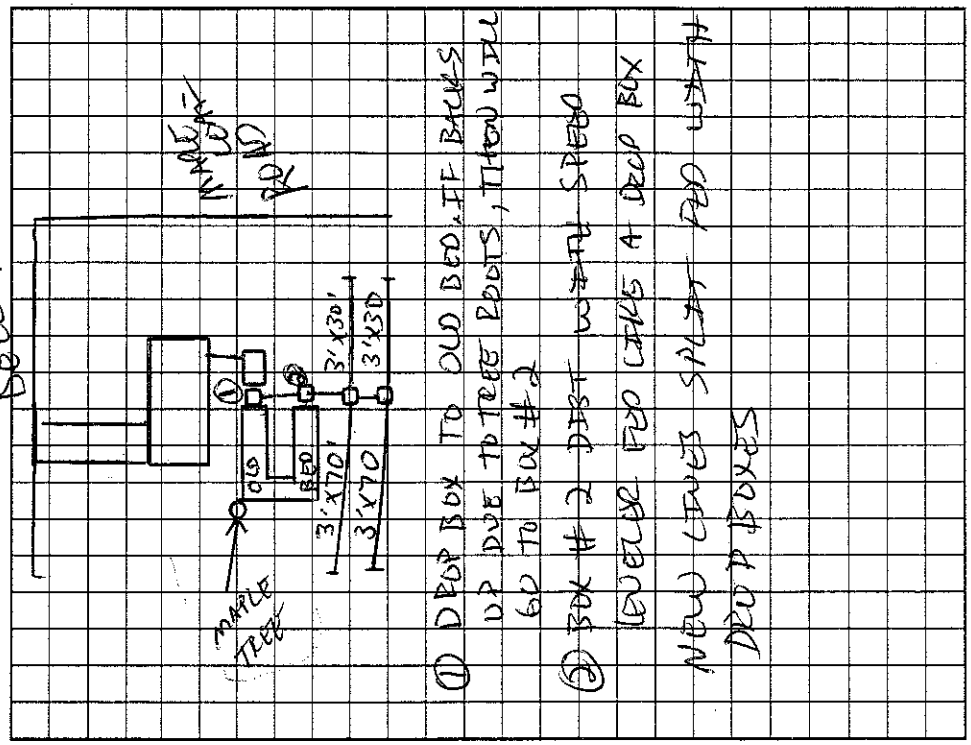
Comments/Conditions: (1) INSTALL 2 NEW LINES SPLIT FED IN THE MIDDLE (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS (4) FED BED FIRST & MAKE SURE IT WILL BACK UP TO NEW LINES.

Comments/Conditions: (4) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS.

INITIAL SITE SKETCH 1" NOT TO SCALE"



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: J McLelland date 3-28-03 Installed by: JAMES HOOPER

Improvement Permit by: [signature] date 03-28-03 Operation Permit by: [signature] date 6-23-03

Authorization to Construct by: [signature] date 03-28-03 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK