IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 1-3-00

OWNER OR CONTRACTOR Edwin Oelenberger PHONE: Business _____ Home _____

ADDRESS 209 Riverhill Rd Statesville

LOCATION 64E TL Riverhill Rd approx 1/2 mi on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 100' X 200' SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .4

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 2 Trench Width 36" Max Trench Bottom Depth 38" Gravel Depth 12"

☐ New System ☑ Repair System Type: I (II) IV, V, VI

System Description: (Conv. Gravity)

Repair System Description: Pump To 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

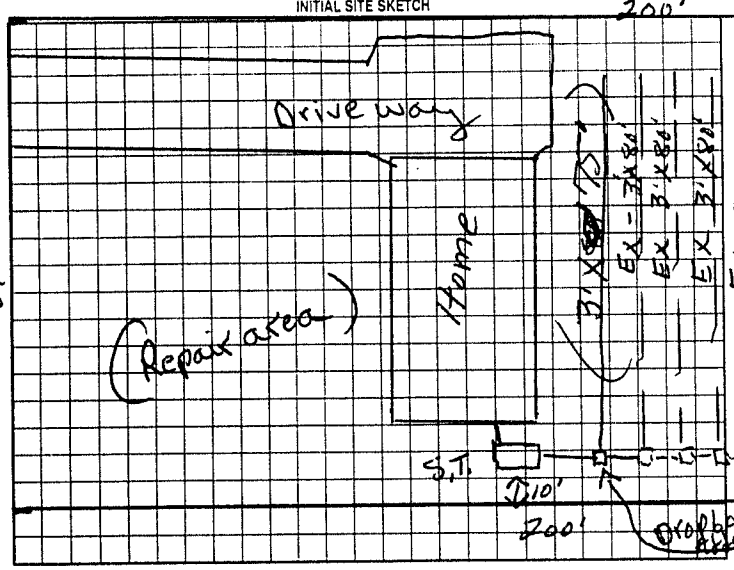
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

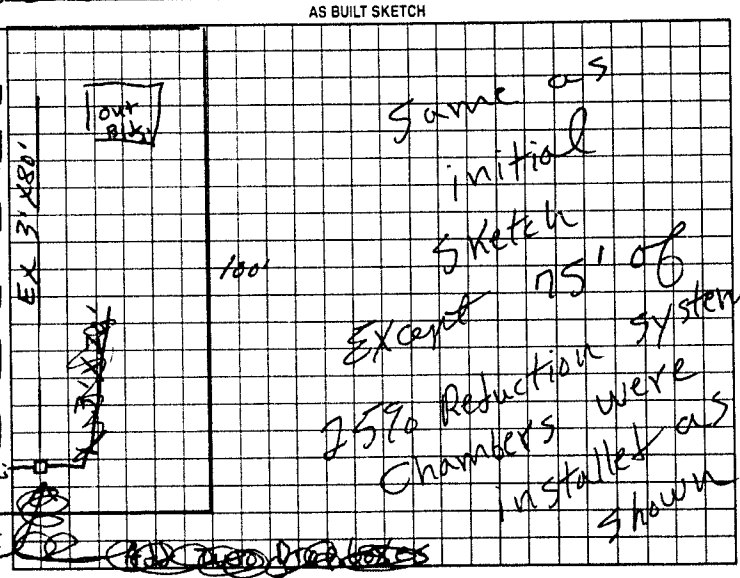
Comments/Conditions: System installed 3-28-90
For Linda Knox System had 1500 gal S.T.
400' Line — System Expanted To
500' To accommodate 5 BR Home

Comments/Conditions:

INITIAL SITE SKETCH



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: X Denny Gallion date _____ Installed by: A-1 Backhoe

Improvement Permit by: J.C. Moore date 1-3-00 Operation Permit by: J.C. Moore date 2-3-00

Authorization to Construct by: J.C. Moore date 1-3-00 Existing System Inspection by: _____ date _____

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