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 5-30-00

OWNER OR CONTRACTOR Beverly Isenhour PHONE: Business _____ Home 871 0447

ADDRESS 736 Mocksville Hwy Statesville

LOCATION 64E past Bell Rd 1/2mi Rt Across from Machine

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre SITE CLASS PS DESIGN FLOW 300 gpd/bdrm L.T.A.R. .3

Septic Tank: 75 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 2 Trench Width 72" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

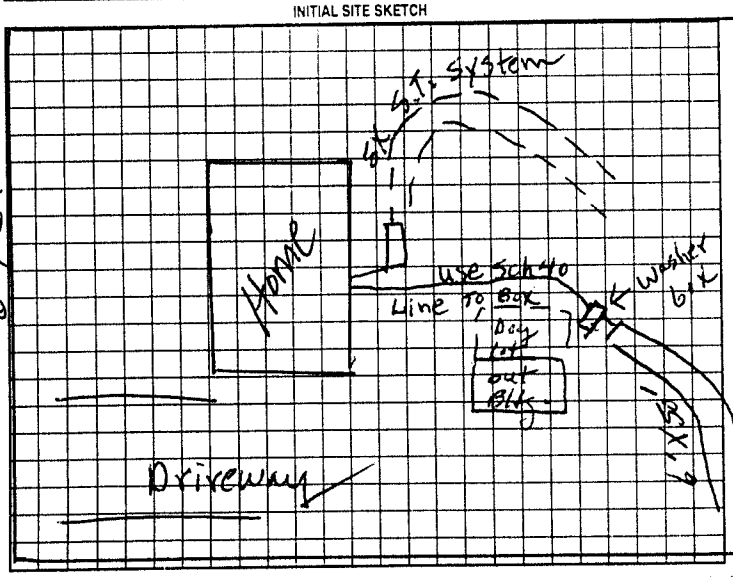
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

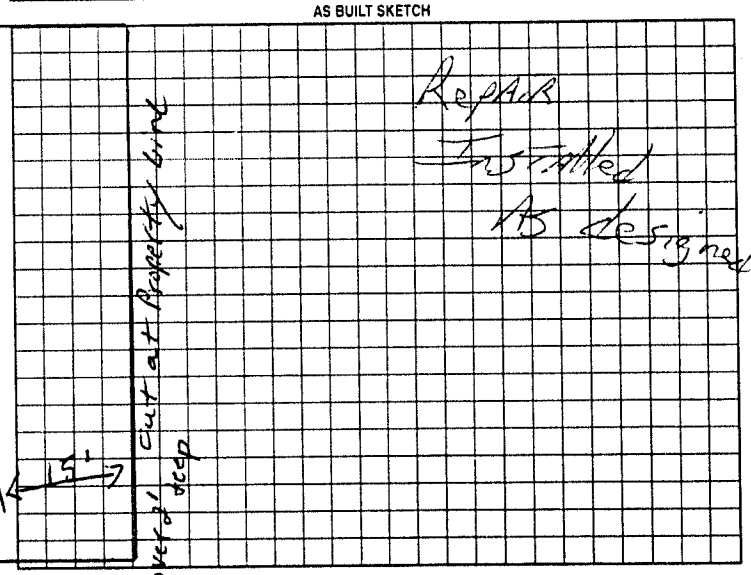
Comments/Conditions: Installing washer Box & Drain line To take care of Present discharge To Ground surface

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 - Beverly P. Isenhour date _____ Installed by: Sigmon Construction

Improvement Permit by: P.C. Moore date 5-30-00 Operation Permit by: L Potter date July 6 2000

Authorization to Construct by: P.C. Moore date 5-30-00 Existing System Inspection by: _____ date _____

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