IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 153381 PIN # 4767794408 DATE 11-18-07

OWNER or APPLICANT Melinda White

OWNER or APPLICANT ADDRESS Box 5907 Statesville PHONE: Business ______ Home: 704-838-1161

LOCATION / DIRECTIONS Old Mocksville Rd (L) Church Lake (R) Collier

SUBDIVISION ______ BLOCK / SECTION ______ LOT # ______ LOT AREA .5 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 7-1-08

Pump Tank ______ Gallons: P T ______ Date ______

Pump Make ______ Model ______ Serial # ______

Nitrification Field No Fields ______ No Lines 4 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ______

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

System Description: 25% Gravel

Repair System Description: 25% Gravel

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons ______

☐ Other No. Employees ______

☐ Slab ☒ Crawl Space

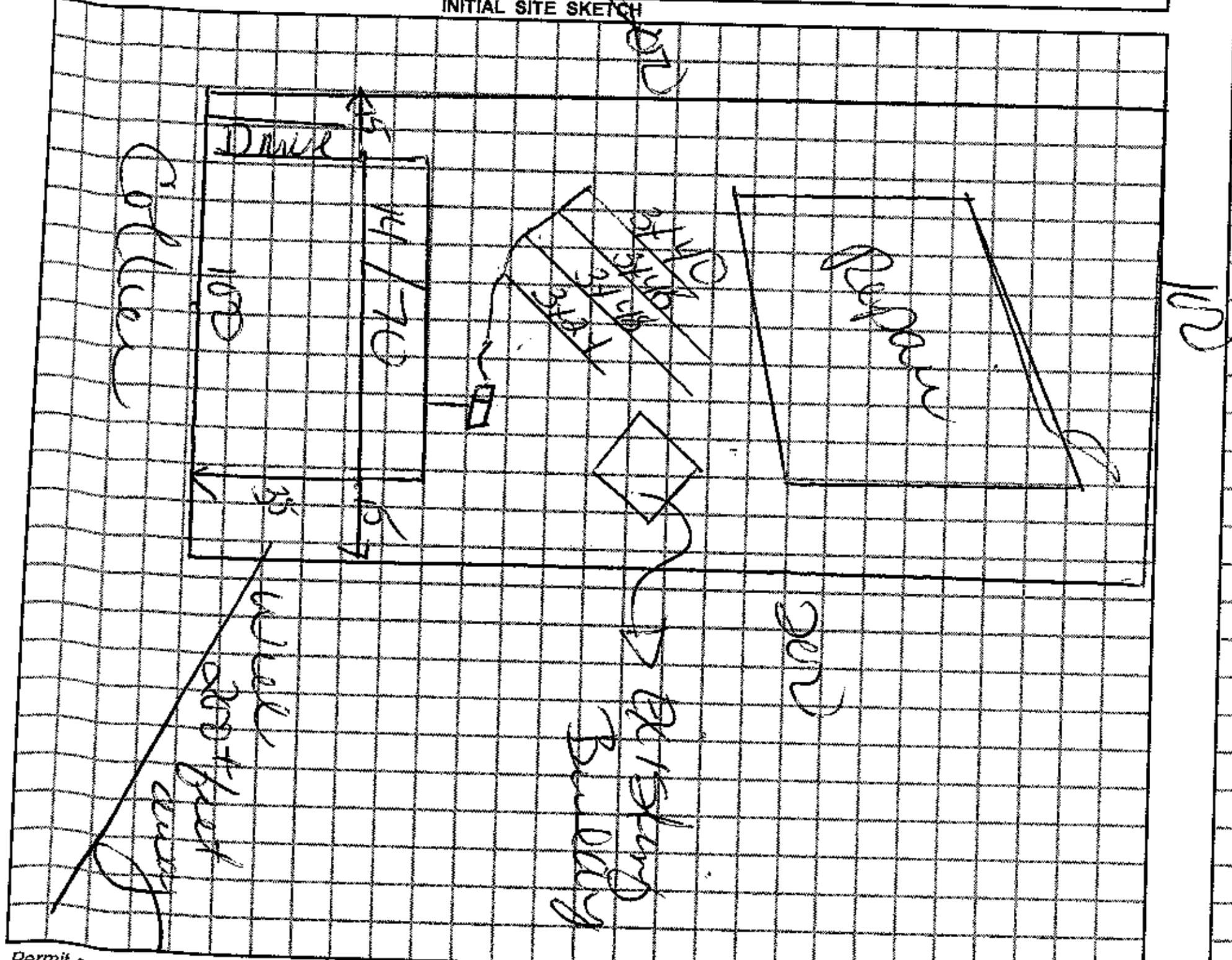
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions
Install on Contour
Maintain all setbacks

INITIAL SITE SKETCH



AS BUILT SKETCH

Red Seal Tank
Septic Marker

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date ______

Improvement Permit by: [signature] Date 11-18-08

Authorization to Construct by: [signature] Date 11-18-08

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: [signature]

Operation Permit by: [signature] Date: 1-15-09

Existing System Inspected by: ______ Date: ______

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant