IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111354 EXISTING PIN# 4773-60-~~8083~~ 7059 DATE 03/05/03

OWNER OR CONTRACTOR VELVET PAQUETTE PHONE: Business Home 704-880-7873

ADDRESS 253 TRIPLETT RD. CLEVELAND, NC 27013

LOCATION HWY 70 EAST, (R) TRIPLETT RD., ~ 0.25 MILES ON ~~RIGHT~~ LEFT, JUST AFTER PLANTATION HOME.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 32.4 ACRES SITE CLASS. EXISTING DESIGN FLOW ~~240~~ 600 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; P.T. ____ Date ____

Pump Make: ____ Model EXISTING SYSTEM Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~645 Linear Feet 86

No Lines 1 Trench Width 7½ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: EXISTING: CONVENTIONAL

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

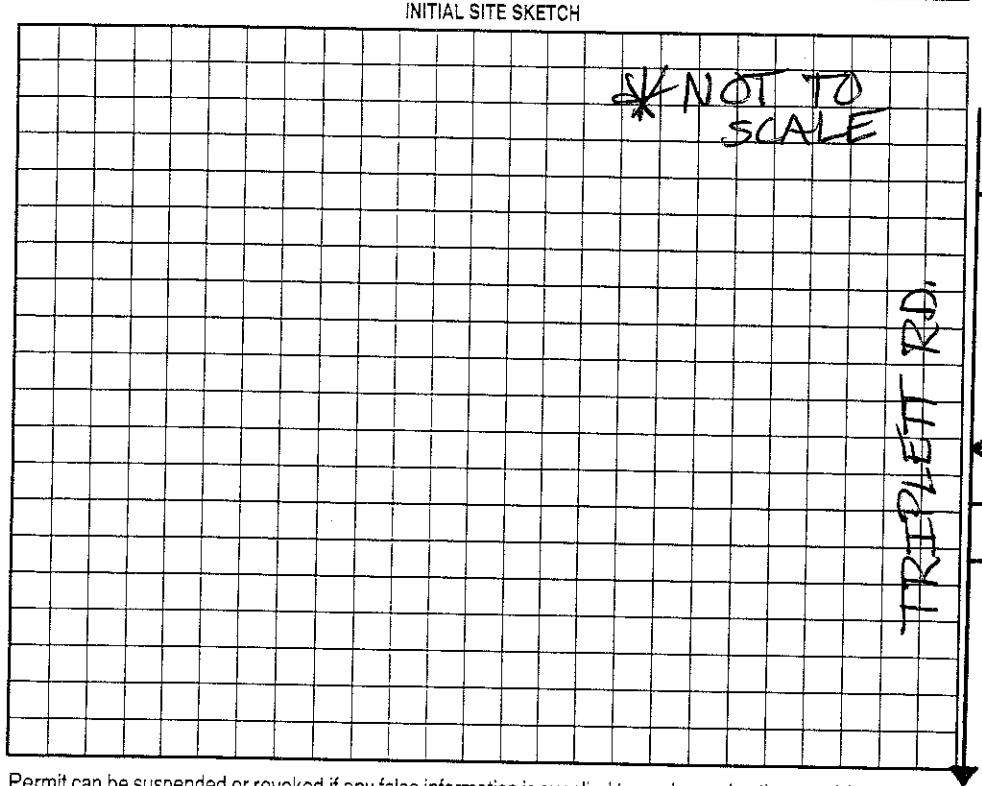
Water Supply: ☒ Individual ☐ Public ☐ Community EXISTING NEIGHBORING WELL

Comments:/Conditions:

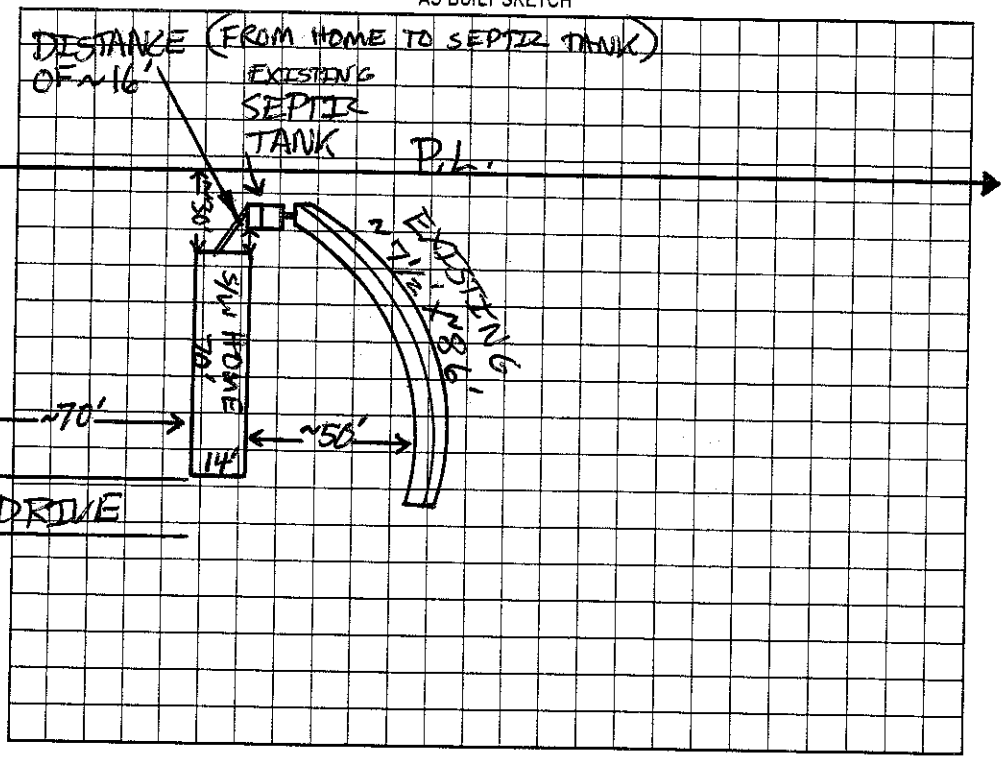
* EXISTING SYSTEM CHECK *

Comments:/Conditions: (1) MAINTAIN SETBACKS (2) DO NOT SET NEW HOME ON OR CLOSER THAN 5' TO ANY PART OF THE SEPTIC SYSTEM.

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: Velvet Paquette date 3-5-03 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Patrick Mitchell date 03/05/03

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