IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4774-59-5828 DATE 9-6-05

OWNER OR CONTRACTOR CHUCK CARTER PHONE: Business 704-924-9754 Home 704-682-2102

ADDRESS 224 MILLS GARDEN ROAD, STATESVILLE, NC 28677

LOCATION US 64 EAST, TR BARRY OAK ROAD, TR MILLS GARDEN RD, 0.5 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.65 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.25 GPA

Septic Tank: EXISTING 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 ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

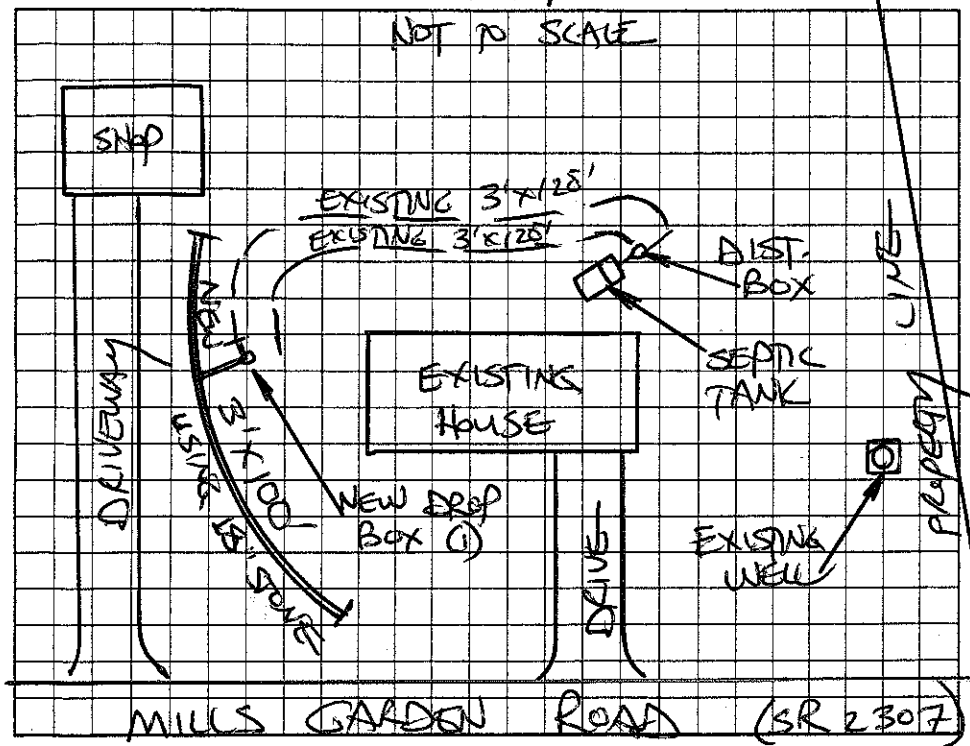
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: INTERSECT EXISTING DRAINLINE WITH A NEW DROP BOX FEEDING NEW 3' x 100' ON CONTOUR AS FLAGGED USING 18" STONE. SYSTEM TO BE REPAIRED BY OCTOBER 6, 2005

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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 Chuck Carter date 9-6-05 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 9-6-05 Operation Permit by: STEVE HEDRICK date 10-4-05

Authorization to Construct by: STEVE HEDRICK date 9-6-05 Existing System Inspection by: _____ date _____

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