IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79238 PIN# 9776427326 DATE 2-11-99

OWNER OR CONTRACTOR Robert White PHONE: Business _____ Home 871 2645

ADDRESS 1526 Reid St. Sta N.C.

LOCATION 64E TL Swann Rd TL mcAllister TL Lackanna 2nd lot Rt,

SUBDIVISION Lexwhite est, BLOCK / SECTION _____ LOT 10 LOT AREA .6 acres SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 4-12-99
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 210
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

✓ New System Repair System Type: I. II (III) IV. V. VI
System Description: Gravity Panels
Repair System Description: Pump To Panels
Maintenance Agreement Required: Yes ✓ NO
✓ Slab Crawl Space Basement w/plumbing Basement wo/plumbing

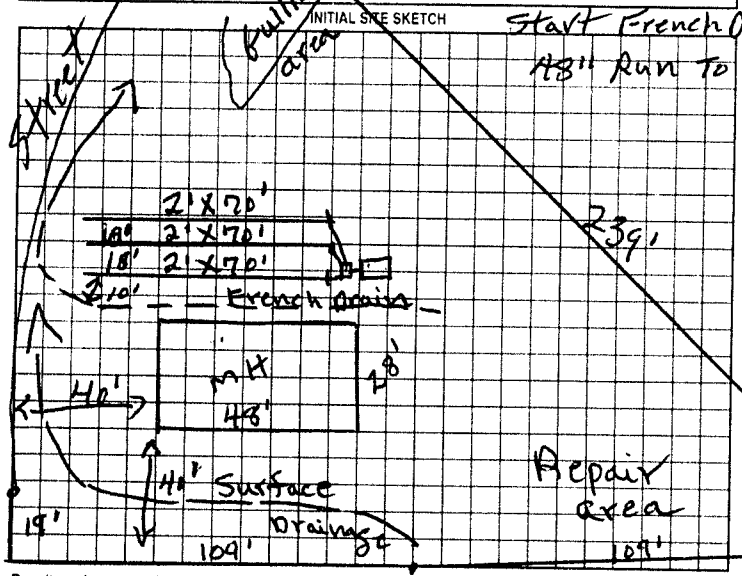
✓ House/Mod. Home No. Bedrooms 3
Mobile Home No. Bathrooms 2
Business No. Employees _____
Other _____

Water Supply: ☐ Individual ✓ Public ☐ Community

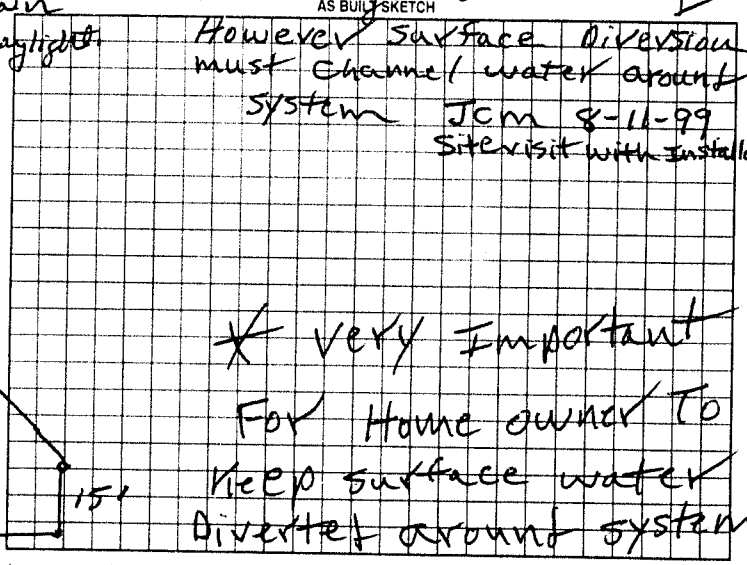
Comments /Conditions: Place Surface Drain & French Drain as Shown

Comments /Conditions: Due To House site being gravity town French Drain may not be necessary However Surface Diversion must Channel water around system JCM 8-11-99 Site visit with Installer

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~~ Marie White date _____ Installed by A Cornelius Grading & Septic

Improvement Permit by: J.C. Moore date 2-11-99 Operation Permit by: J.C. Moore date 8-20-99

Authorization to Construct by: J.C. Moore date 2-11-99 Existing System Inspection by: _____ date _____

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