IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4776-74-5067 DATE 11-2-01

OWNER OR CONTRACTOR WANDA HANE LINE PHONE: Business 704-872-0148 Home 704-872-3808

ADDRESS 344 SWANN RD STATESVILLE NC 28625

LOCATION HWY 64 E, (L) SWANN, (R) AT Box # 344

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.24 SITE CLASS IPS DESIGN FLOW ~~480~~ 360 L.T.A.R. .13

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model 1700 Serial No. 400'

Nitrification Field: No Fields 1 Square Feet ~~1600~~ Linear Feet 533'

No Lines 3X133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAV CONV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

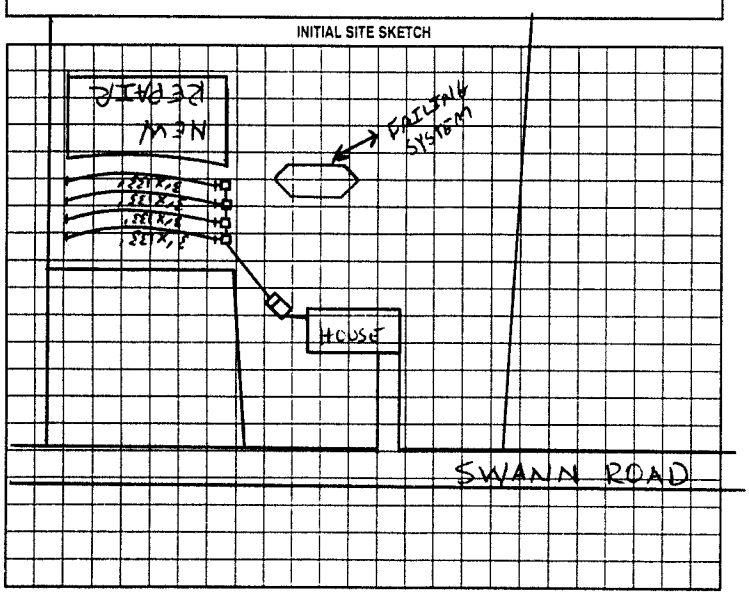
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

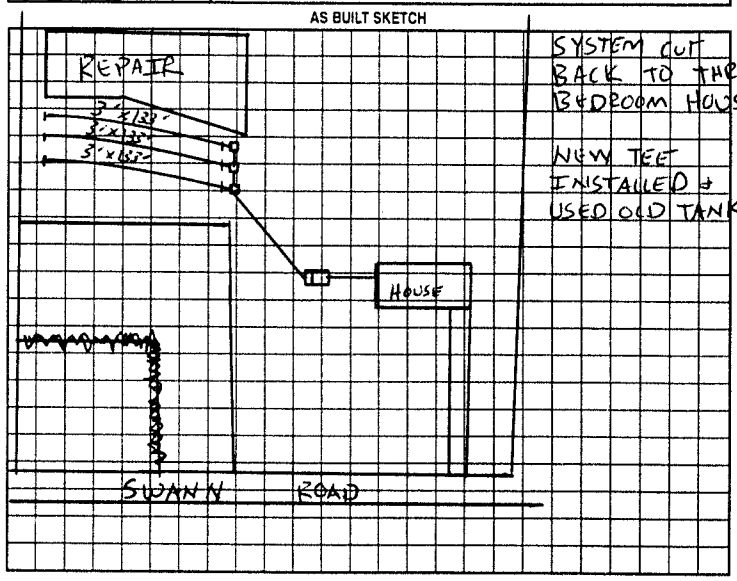
Comments/Conditions: (1) PUT NEW TEE IN TANK IF NECESSARY (2) HOUSE IS 3 BEDROOM; SIZING SYSTEM FOR FUTURE 4 BEDROOM EXPANSION (3) HOME OWNER IS CONSIDERING

Comments/Conditions: NEW TANK IF EXPANSION WILL BE CLOSER THAN 5' FEET. (4) MAINTAIN SETBACKS (5) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS.

INITIAL SITE SKETCH



AS BUILT SKETCH



SYSTEM CUT BACK TO THREE BEDROOM HOUSE

NEW TEE INSTALLED & USED OLD TANK

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: _____ date _____

Improvement Permit by: Jan Cook RS date 11-2-01

Authorization to Construct by: Jan Cook RS date 11-2-01

Installed by: TOMMY FRYE

Operation Permit by: Jan Cook RS date 11-21-01

Existing System Inspection by: _____ date _____

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