IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (C1)

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

PERMIT# 111840 PIN# 4799-40-~~1568~~ 1662 DATE 5-2-03

OWNER OR CONTRACTOR A. HOME AMERICA PHONE: Business c/o 704-871-1411 Home 336-284-4627

ADDRESS 1128 SHELTON AVE STATESVILLE, NC 28677

LOCATION OLD MOCKSVILLE ROAD, TR NC 901, TL BOUNDARY LANE, ON RIGHT ~ 350'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines ? Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

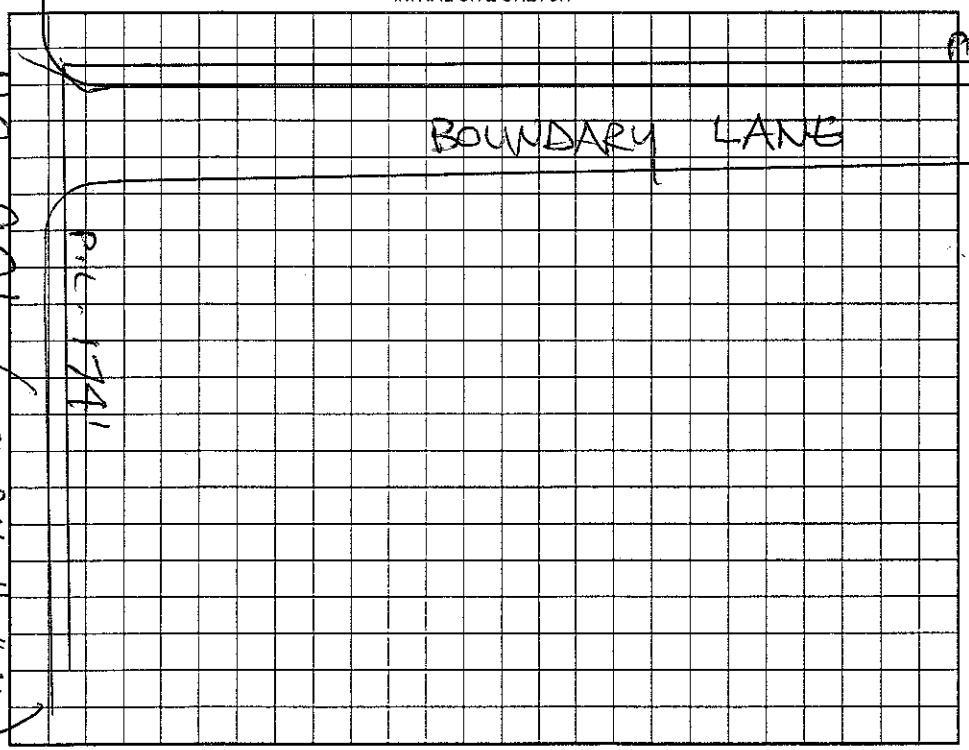
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

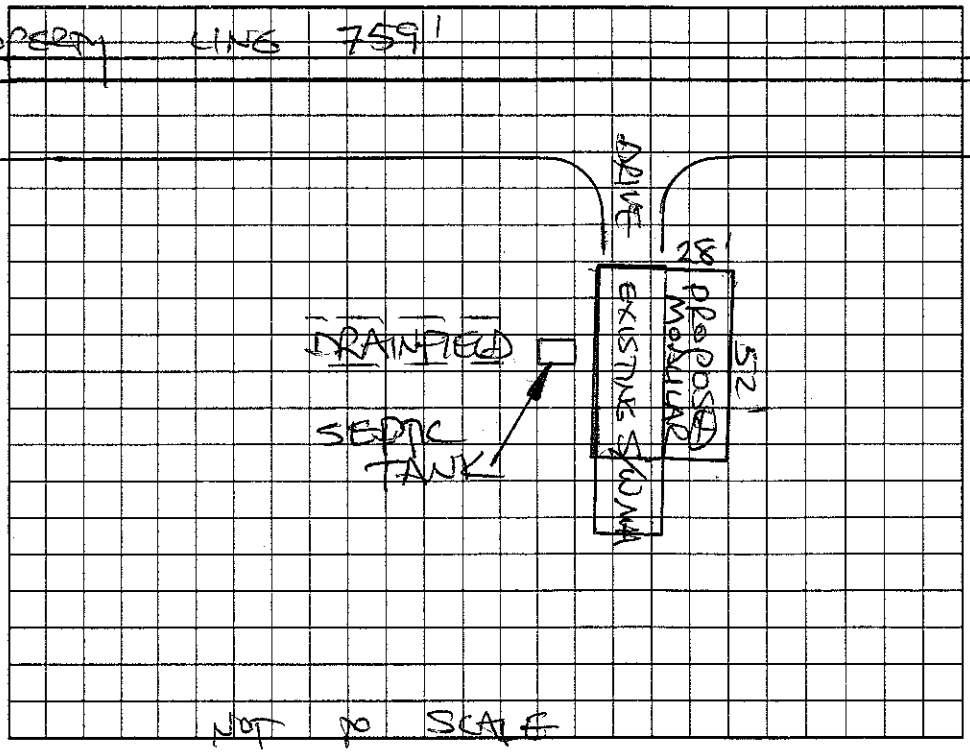
Comments:/Conditions:

Comments:/Conditions: SYSTEM IS OF UNKNOWN AGE & SIZE. WAS PREVIOUSLY APPROVED NOVEMBER 6, 1979 FOR A 3 BEDROOM S/W MH. NO SIGN OF MALFUNCTION AT TIME OF INSPECTION.

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 5-2-03

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