IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122433/150316 PIN# 4820-29-2905 DATE 7-9-04

OWNER OR CONTRACTOR NANCY HUTCHERSON PHONE: Business _____ Home (704) 876-0941

ADDRESS 4695 WILKESBORO HWY STATESVILLE NC 28625

LOCATION 115 N 4695 WILKESBORO HWY ON LEFT, ACROSS FROM HUNTWOOD RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.47 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EX.

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 EXIST
No Lines EXIST 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

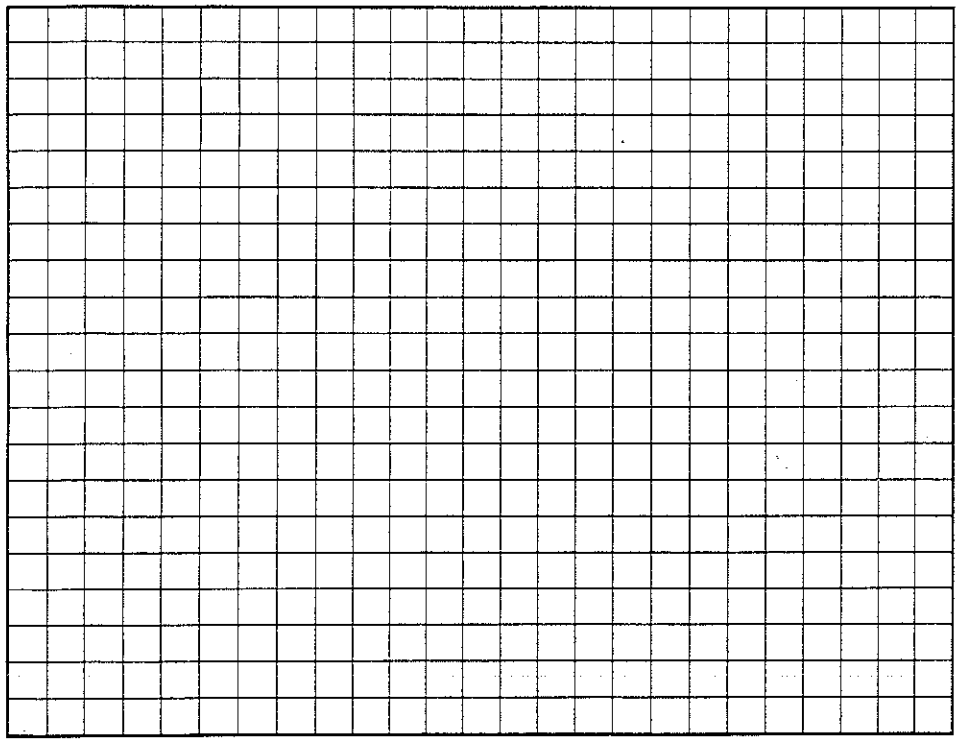
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
well

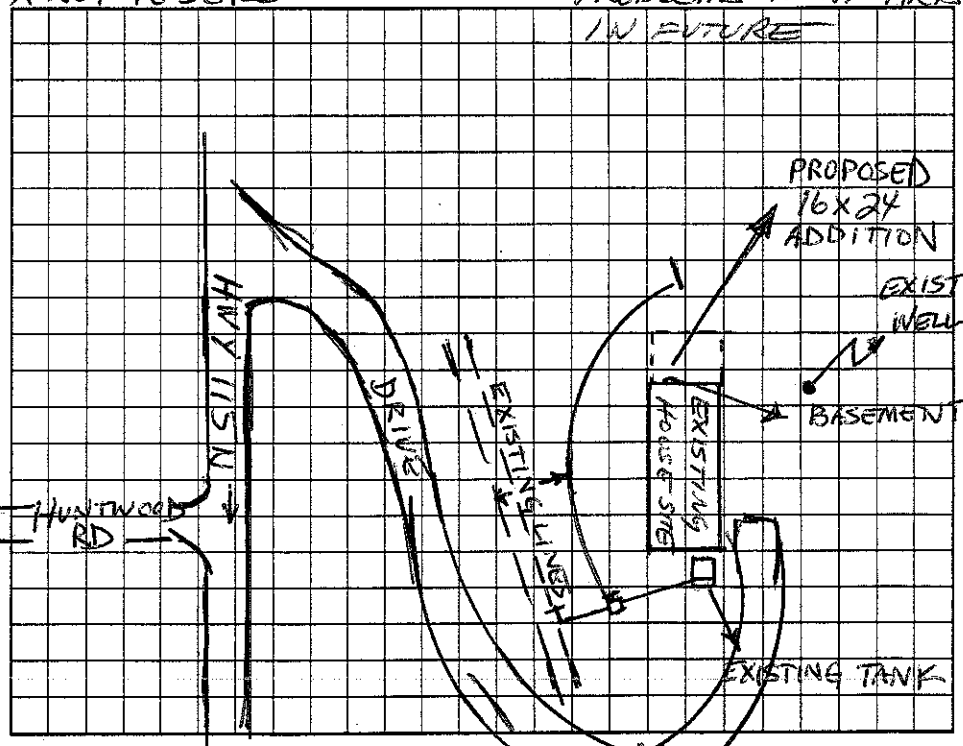
Comments:/Conditions:

Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO ADD TO STRUCTURE (3) NEW STRUCTURE SHALL NOT INCREASE # BEDROOMS ON SYSTEM (4) INSPECTION IS VISUAL AND NO GUARANTEE PROBLEMS WONT ARISE IN FUTURE

INITIAL SITE SKETCH



* NOT TO SCALE 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: Billie Hutch date 7-14-04 Installed by: JAMES HUDLER

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christopher M Shirley, RS date 7-9-04

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