IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76168 PIN# 4830 57 8453 DATE 9-1-99

OWNER OR CONTRACTOR Walter Denham PHONE: Business _____ Home 876 2825

ADDRESS 933 Friendship Ch Rd

LOCATION Jennings Rd TL Friendship Rd on Lot before Bess Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS _____ DESIGN FLOW 150 L.T.A.R. .25

Septic Tank: Adding 1000 Gallons; STB Grease Trap Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☐ New System ☐ Repair ☐ Addition System Type: ☑ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees 2

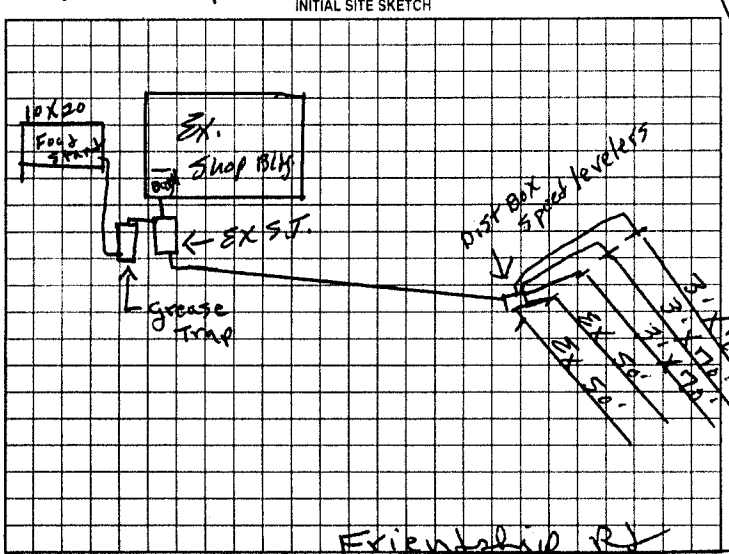
☑ Other 2000 SF Addition Foot Stand

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Plumb Car wash + Kitchen waste into Grease Trap Rem Bathroom To S.T.

INITIAL SITE SKETCH

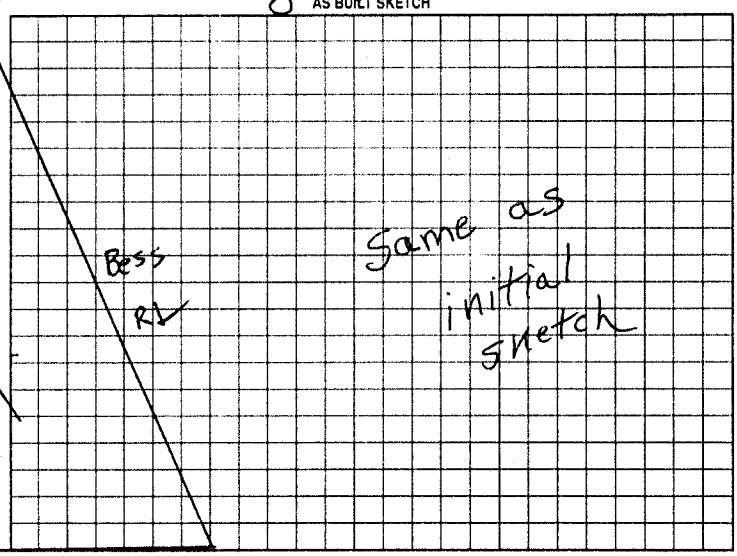


Comments/Conditions

Replacing lay-out made 9-24-98

Adding Single Service Foot Stand

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 Kelly Wells For Walter Denham date _____ Installed by: C & W Grading & Septic

Improvement Permit by: J. C. Moore date 9-1-99 Operation Permit by: J. C. Moore date 9-1-99

Authorization to Construct by: J. C. Moore date 9-1-99 Existing System Inspection by: _____ date _____

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