IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4840 77 4996 DATE 5-4-2001

OWNER OR CONTRACTOR DAVID MILLSAPS PHONE: Business Home (704) 873-1331

ADDRESS 1124 RADIO ROAD, STATESVILLE NC 28677

LOCATION US 21 N, TL JENNINGS RD, TL MONICA DRIVE, TL MOUNTAIN ASH, AT END ON RIGHT

SUBDIVISION ROLLING HILLS BLOCK / SECTION ____ LOT 136 LOT AREA LIMITED 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 690 Linear Feet 230

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

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 ____

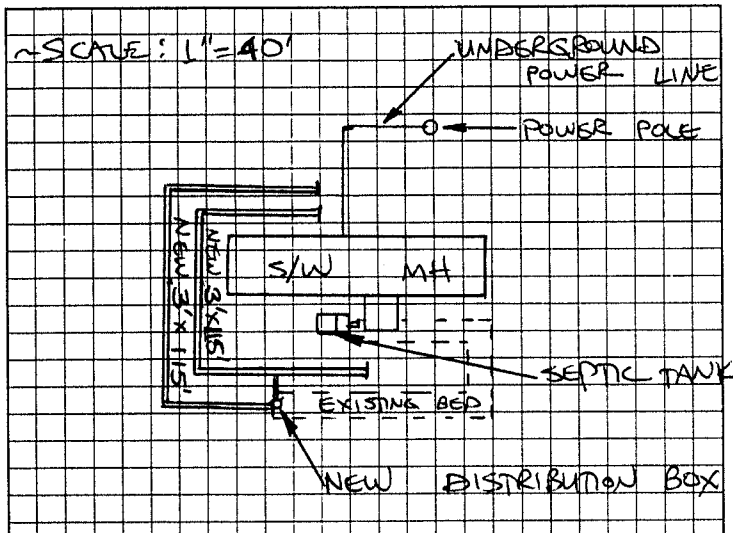
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: SET NEW DISTRIBUTION ABOVE GRADE OF EXISTING BED, STEPPING UP TO FEED TWO NEW 3'x115' DRAINLINES AS SHOWN

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: + David Millsaps date 5-4-01 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 5-4-01 Operation Permit by: STEVE HEDRICK date 6-27-01

Authorization to Construct by: STEVE HEDRICK date 5-4-01 Existing System Inspection by: ____ date ____

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