IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4860 49 7487 DATE 3-30-01

OWNER OR CONTRACTOR DARRYL L. HUFFMAN PHONE: Business _____ Home (704) 876-6507

ADDRESS 533 PISGAH CH. RD. STATESVILLE, NC 28625

LOCATION US 21 N TL TABOR ROAD, 1ST HOUSE ON LEFT PAST CANFIELD DRIVE.

SUBDIVISION HEATHSTEAD BLOCK / SECTION _____ LOT 1 LOT AREA 1.05 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 1 BED Trench Width _____ Max Trench Bottom Depth _____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth _____

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

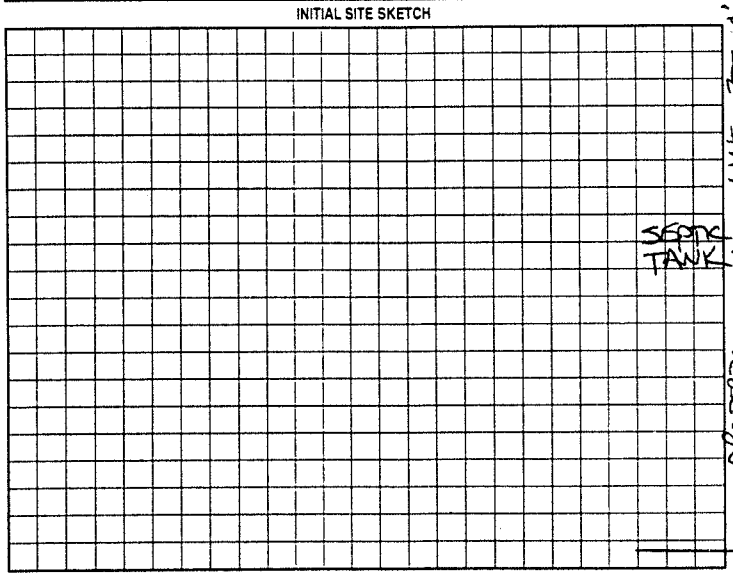
☐ Other _____

Water Supply:
☒ Individual
☐ Public
☐ Community
WELL

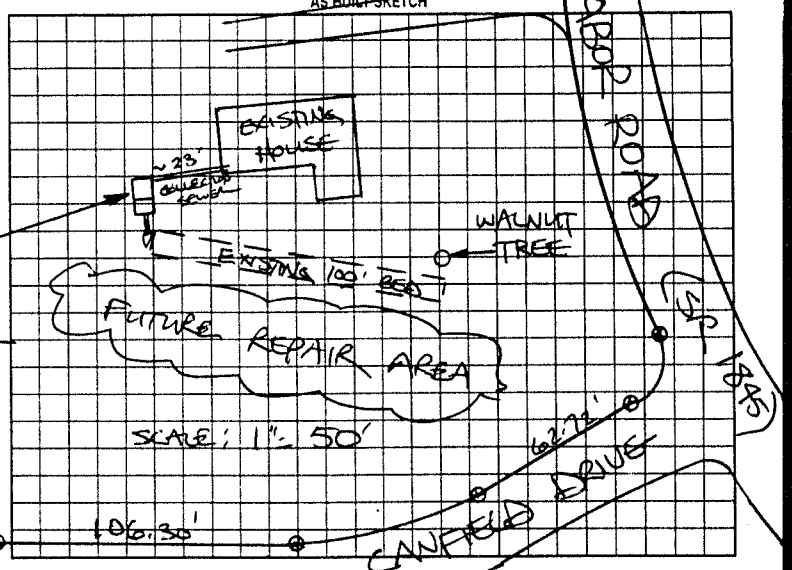
Comments:/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS

Comments:/Conditions: P.L. 199.37'

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 _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HERRICK date 3-30-01

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