IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 11-29-93 / 7-5-94 TAX MAP NO. Repair Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ruth Pitman PHONE: Business _____ Home 873-6751

ADDRESS Rt. 6, Box 494 Statesville, NC 28677

LOCATION I-40W TR Sharon School Rd. TL 2nd Entrance of Lake Lookout Dam Rd. Lot 1.4 miles on R. (#494 + 495 on mail boxes)

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 3.10 acres SITE CLASS. P.S. DESIGN FLOW 600 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 3 Square Feet 795' Linear Feet 245'

No Lines 3 Trench Width 3' to 7' Max Trench Bottom Depth 36"+ Gravel Depth 18"

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

System Description: Conventional, gravity fed

Repair System Description: pump to conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☑ Other 3 Bedroom House, 2 Bedroom Cabin

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

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: System not installed as permitted. At homeowners decision, existing bed not excavated. Bull-Run-Valve installed. Extension to existing bed could not be completed due to area at entrance of boat house cut out since permit was issued. 18" of gravel installed in all repairs.

INITIAL SITE SKETCH

* Improvement Permit * issued on another form

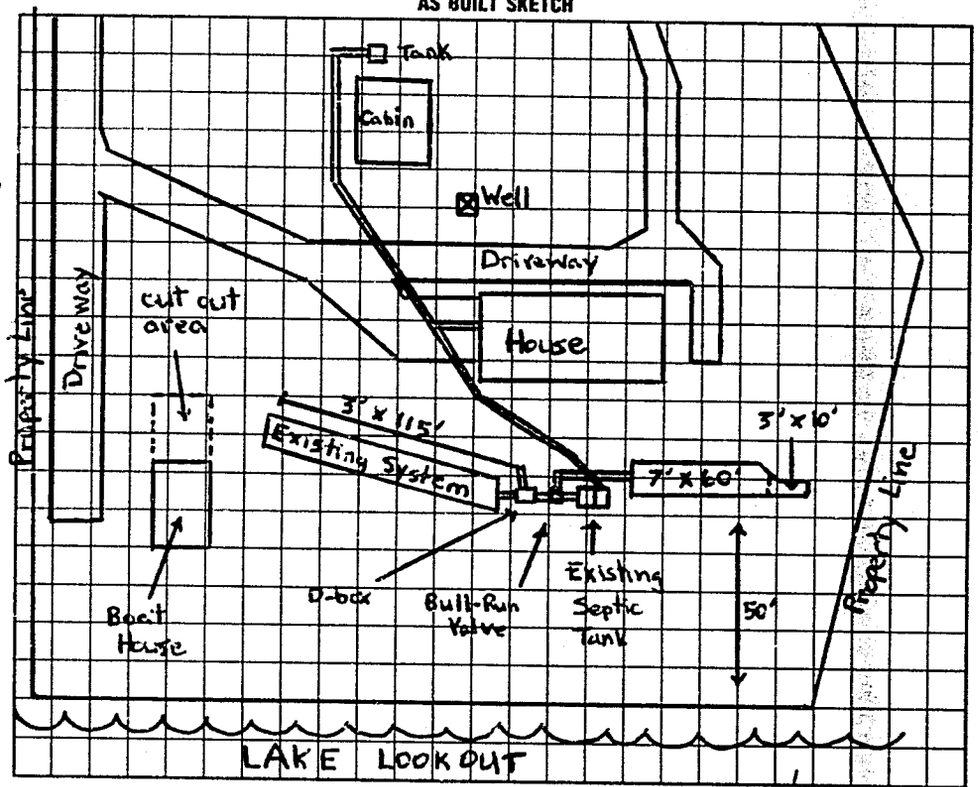
Bull-Run-Valve

#1 - to existing drainlines and 3'x 115' line.

#2 - to 6'x 70' Bed (3'x 10') Beds

* Recommendation provided by Joe Lynn, Regional Soils Specialist *

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Michael J. Dennis / J.C. Moore date 11-29-93

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: _____ date _____

Operation Permit by: Michael J. Dennis date 7-5-94

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

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