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# 3783-58-6381 7156 DATE 4-14-05

OWNER OR CONTRACTOR THOMAS C. SNYDER PHONE: Business 704-682-8085 Home 704-871-8249

ADDRESS 266 LOOKOUT DAM ROAD, STATESVILLE, NC 28625-9607

LOCATION I-40 WEST, TR SHARON SCHOOL ROAD, TL LOOKOUT DAM ROAD, 0.5 MILE ON RIGHT AT #266

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.42 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.5 (N/A) ACTUAL 0.3600/1.0

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120
No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, (II), III, IV, V, VI
System Description: _____
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

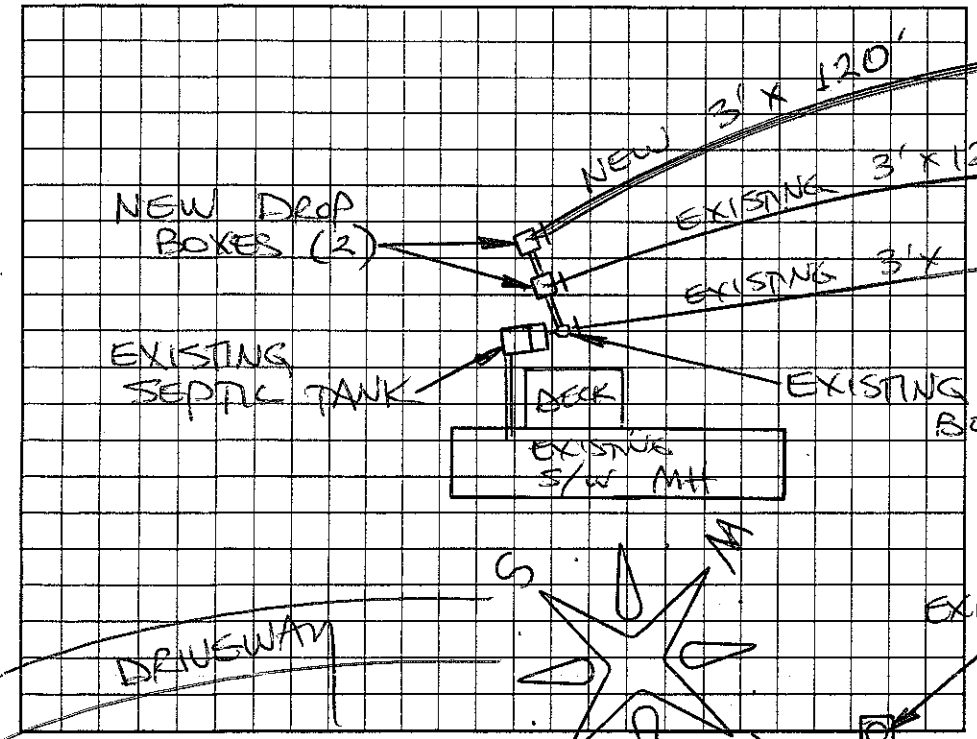
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments:/Conditions: (1) INSTALL NEW DROP BOXES AT LOCATIONS SHOWN SERIALLY FEEDING EXISTING LINE AND NEW 3'x120' LINE INSTALLED ON CONTOUR (2) SYSTEM TO BE REPAIRED BY 5-15-05

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: Thomas C. Snyder date 5/4/05 Installed by: SCOTT GREENE

Improvement Permit by: STEVE HENDRICK date 4-14-05 Operation Permit by: STEVE HENDRICK date 5-17-05

Authorization to Construct by: STEVE HENDRICK date 4-14-05 Existing System Inspection by: _____ date _____

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