* Repair

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# 3783-89-6655.785

OWNER OR APPLICANT Johnnie Cates PHONE: Business 1-704-241-7007 Home 704-872-6888 DATE 22 May 08

ADDRESS 785 Sharon School Rd. Statesville, N.C.

LOCATION 4-40 W Turn Rt. Sharon School Rd. - 1 mile on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.246ac. SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. 0.3 / Fld.

Septic Tank: 1000 g Gallons: STB 1000 Date 5-21-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ≈480 Linear Feet 120

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: * Keep 50' from well

* Install new ST and direct all plumbing into new tank. Connect new lines to existing system for laundry

Comments:/Conditions:

Old tank crushed & filled in!

Filter installed.

INITIAL SITE SKETCH

* Pump out and crush old septic tank.

* Please see attached layout.

AS BUILT SKETCH

Installed AS Drawn.

Due to elevation difference could not hook to existing system.

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: Johnnie N Cates date 5/29/08

Improvement Permit by: _____ date _____

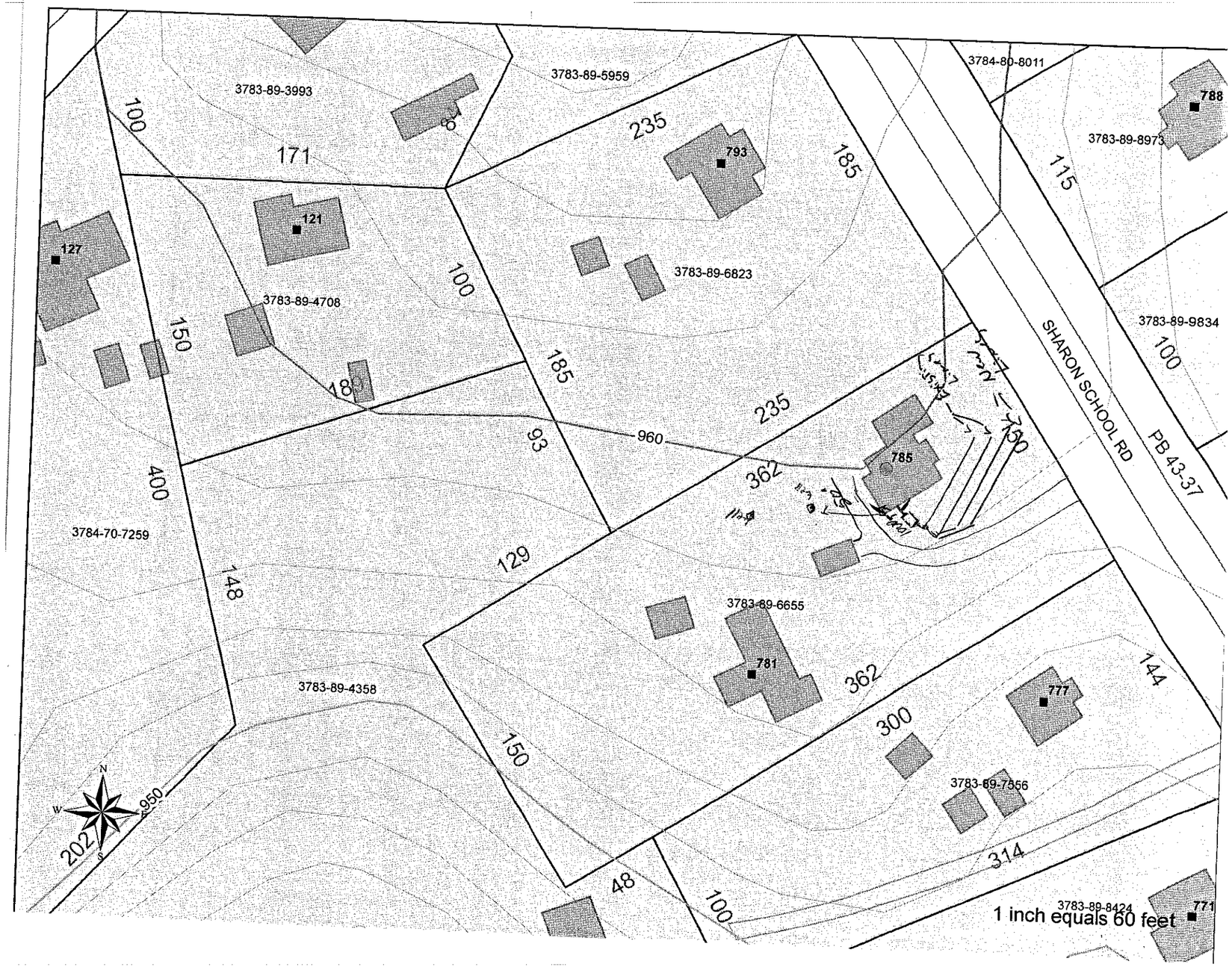
Authorization to Construct by: Jim Haggard, R.S. date 22 May 08

Installed by: Powell Septic Service

Operation Permit by: Jim Haggard, R.S. date 6 June 08

Existing System Inspection by: _____ date _____

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


3783-89-3993
3783-89-5959
3784-80-8011
788
3783-89-8973
793
121
127
3783-89-6823
3783-89-4708
3783-89-9834
SHARON SCHOOL RD
PB 43-37
785
3784-70-7259
3783-89-6655
781
777
3783-89-4358
3783-89-7556
3783-89-8424
771
100
171
235
185
115
150
18
960
93
362
400
129
148
300
144
314
48
950
202
N
W
S
1 inch equals 60 feet