CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122803 PIN# 3783-89-6655. ~~785~~ DATE 7/30/04

OWNER OR CONTRACTOR John N. Cates PHONE: Business — Home (704) 872-6888

ADDRESS 781 Sharon School Rd Statesville, NC 28625

LOCATION I-40 west, (R) on Sharon School Rd on left @ 785 Sharon School Rd, before Lookout Dam Rd

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.246 Acres SITE CLASS. ~~PS~~ DESIGN FLOW 100 L.T.A.R. .30

Septic Tank: ~~X~~ 75 Gallons; STB ____ Date ____

Pump Tank: 75 Laundry box Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 330 Linear Feet 110

No Lines 2 Trench Width 36" Max Trench Bottom Depth — Gravel Depth 18"

~~X~~ New System ~~X~~ Repair System Type: I, ~~II~~, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: —

Maintenance Agreement Required: ☐ Yes ~~X~~ No

~~X~~ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees ____

☐ Other ____

☐ Slab ~~X~~ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~X~~ Individual ☐ Public ☐ Community

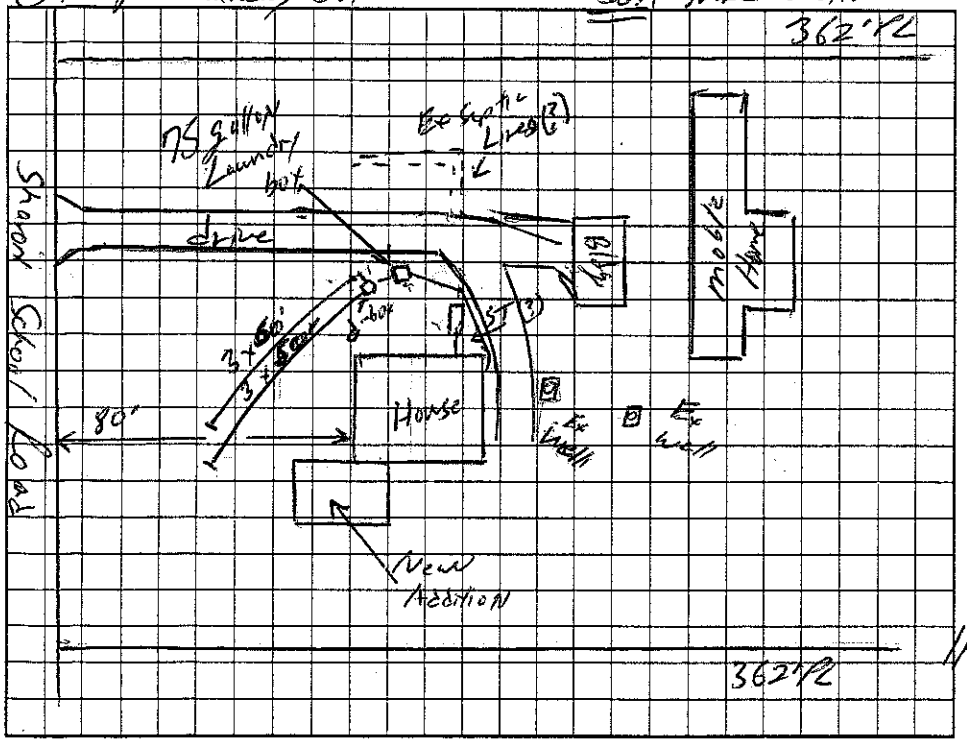
wells (2)

Comments/Conditions: (1) Existing Septic System not in use @ time of inspection - appears to have been working properly. (2) Install 75 gallon laundry box with 2 lines of 110 ft of nitrification lines w/18" gravel. (3) Keep Laundry box ~~X~~ Soft from well.

Comments:/Conditions: [redacted] (4) Installer to call HD prior to installation.

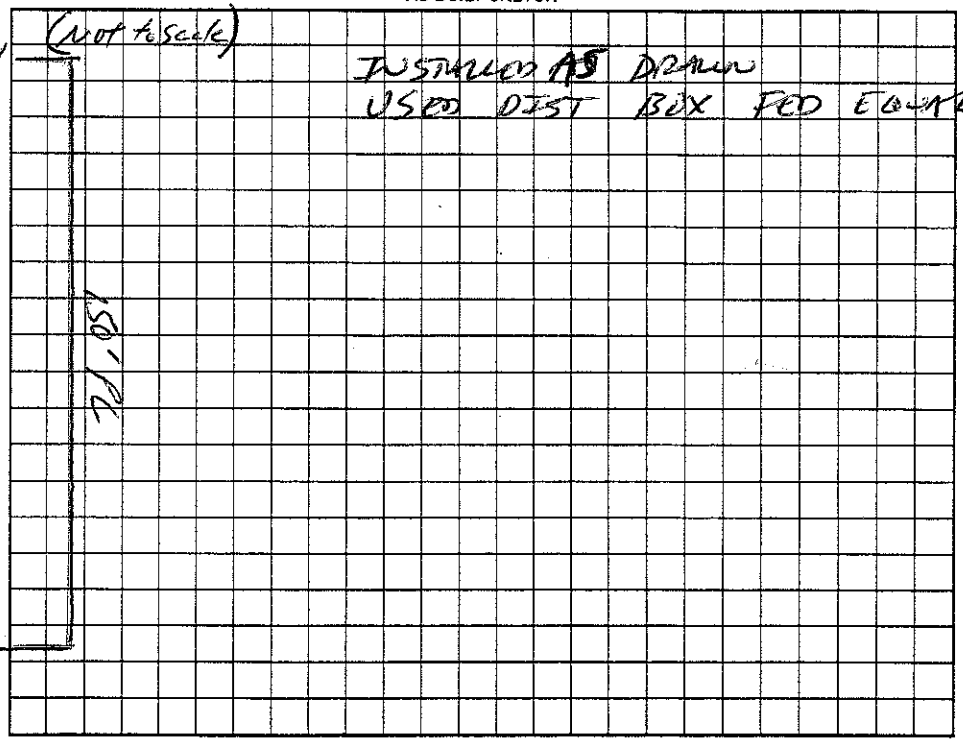
LL met on 9-24-04 & discussed system installation

INITIAL SITE SKETCH



AS BUILT SKETCH

(Not to Scale)



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: [signature] date 7/30/04

Improvement Permit by: William O. Johnson date 7/30/04

Authorization to Construct by: William O. Johnson date 7/30/04

Installed by: Sammy Shumaker

Operation Permit by: [signature] date 11-3-04

Existing System Inspection by: ____ date ____

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