Repair

# ...ELL COUNTY HEALTH DEPARTMENT

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

## ...PROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# Repair PIN# 3785-79-7805 DATE Feb 2-2003

OWNER OR CONTRACTOR Curtis Mayes PHONE: Business _____ Home 585-6753

ADDRESS _____

LOCATION Old Mt Rd & County Line Rd on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 Acr SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"-40" Gravel Depth 12-18"

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI

System Description: _____

Repair System Description: Pump Conv.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

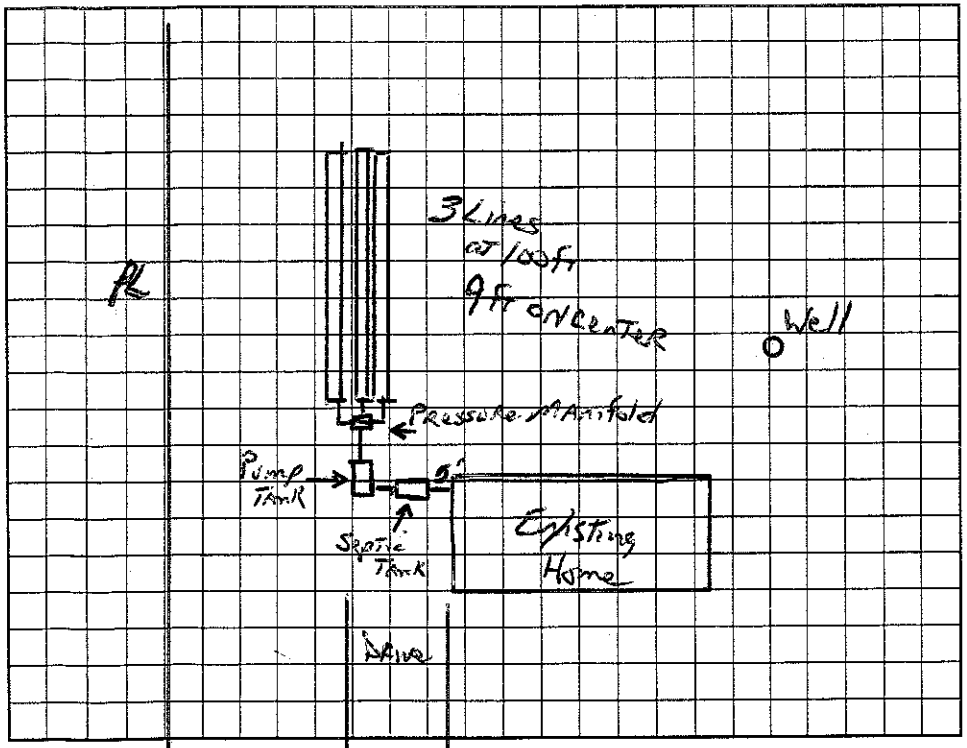
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

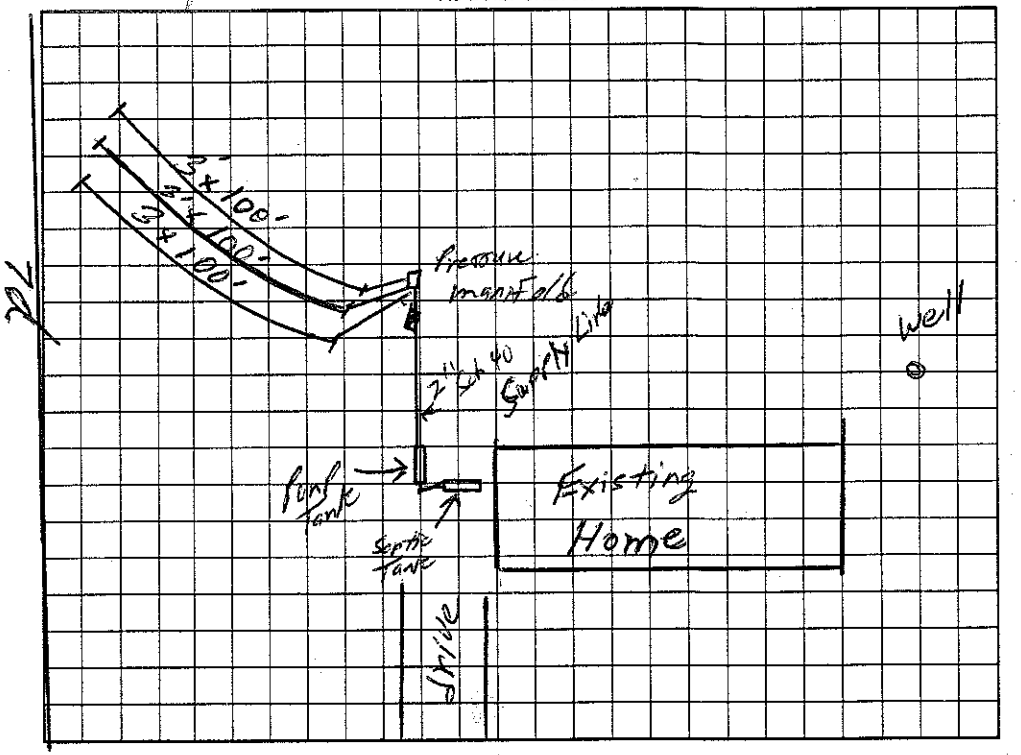
Comments:/Conditions: Keep Septic Field 100 Ft From Well
Crush & Fill in old Tank
Washer DRAIN must be plumbed into Septic System

Comments:/Conditions: Lines OKay - 3/28/03, Pressure Check - okay - 4/14/03 cgc
- Installed New S.T. & PT. Elect & Alarm Okay - 5/20/03

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: Curtis Mayes date _____ Installed by: ESKey Elder

Improvement Permit by: Jeff Potter date 2-12-03 Operation Permit by: William O. Johnson date 5/20/03

Authorization to Construct by: Jeff Potter date 2-12-03 Existing System Inspection by: _____ date _____

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