This Permit Replaces Permit Dated 3/25/04.

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# 3794-21-7498 DATE [redacted]-4-04

OWNER OR CONTRACTOR Glenn R. Sigmon PHONE: Business _____ Home (704) 873-2291

ADDRESS 1923 Island Ford Rd Statesville N.C. 28625

LOCATION I-40 E, (R) Old Mtn Rd (L) Island Ford Rd on Left ~~past~~ across from Cotton Gin Rd.

SUBDIVISION - BLOCK / SECTION _____ LOT _____ LOT AREA 2.0 SITE CLASS. Prof DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: Existing Gallons; STB 1007 Date 8-9-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 240

No Lines 3 @ 80' Trench Width 36" Max Trench Bottom Depth _____

☐ New System ☒ Repair System Type: I ~~II~~ III IV V VI

System Description: 25% Reduction

Repair System Description: Gravity ~~Conventional~~ Prof

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth [redacted] N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

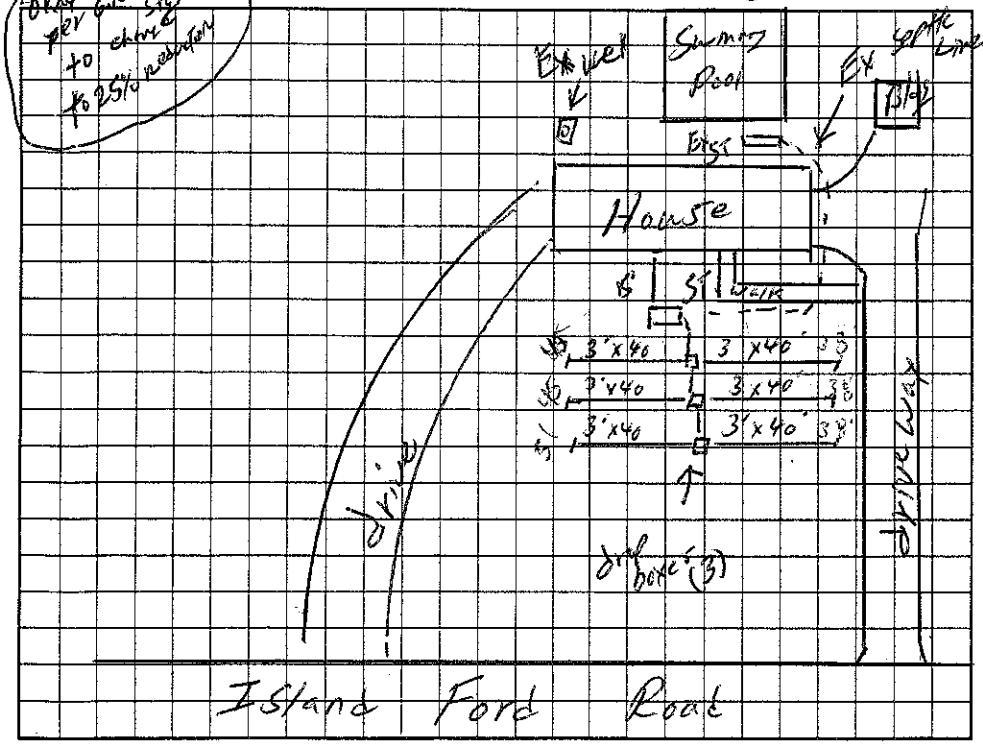
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

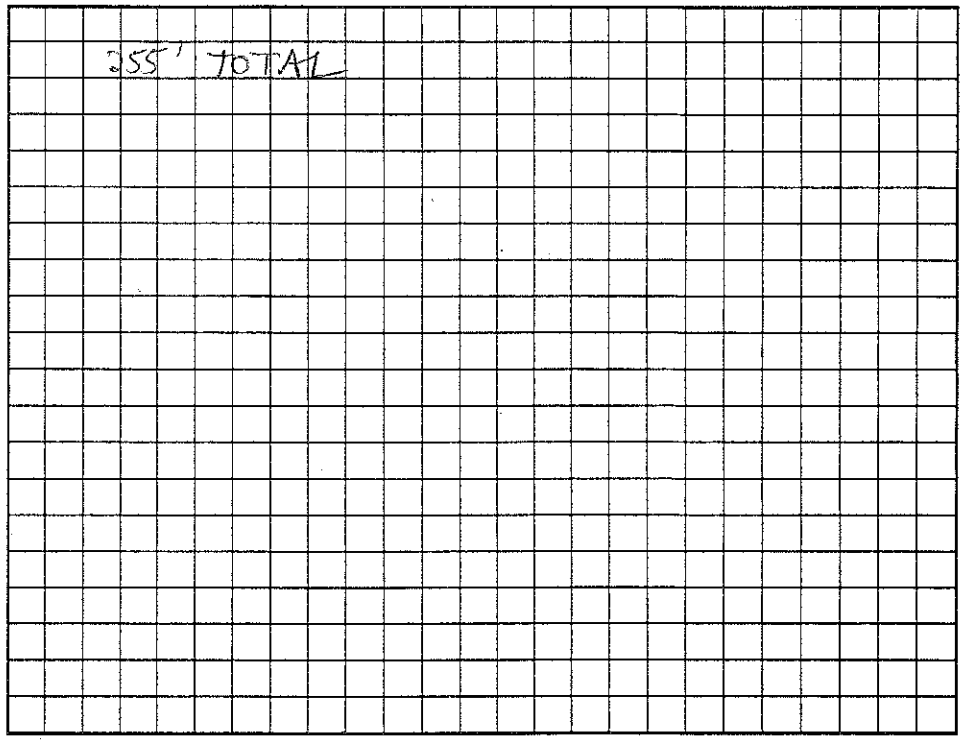
Comments:/Conditions: ① Replace Septic Tank From House ② Add New ST + 3-80ft Septic Lines on Contour as Shown ③ Install 25% Reduction System. (Roof to Scale)

Comments:/Conditions: ADD FLUTE + MANIFOLD INSTALLED AS DRAWN WITH 360 L PROJECT

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: Glenn R Sigmon date 4/2/04 Installed by: JAMES HOLDER

Improvement Permit by: William E. Johnson date 4/2/04 Operation Permit by: [signature] date 10-11-04

Authorization to Construct by: William E. Johnson date 4/2/04 Existing System Inspection by: _____ date _____

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