IREDELL COUNTY HEALTH DEPARTMENT

* Permit replaces existing repair permit dated 6-16-04

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

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

PERMIT# Repair PIN# 3794-92-5576 DATE 6/24/04

OWNER OR CONTRACTOR Patsy Lail PHONE: Business Home (704) 872-2867

ADDRESS 1597 Island Ford Rd. Statesville, NC 28625

LOCATION I-40 W (R) Old Mountain Rd (L) Island Ford Rd Property on left.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 8.09 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Ex.

Septic Tank: 1000 Gallons; STB 312 Date 4-19-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 175'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI
System Description:
Repair System Description: 25% Reduction, gravity
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

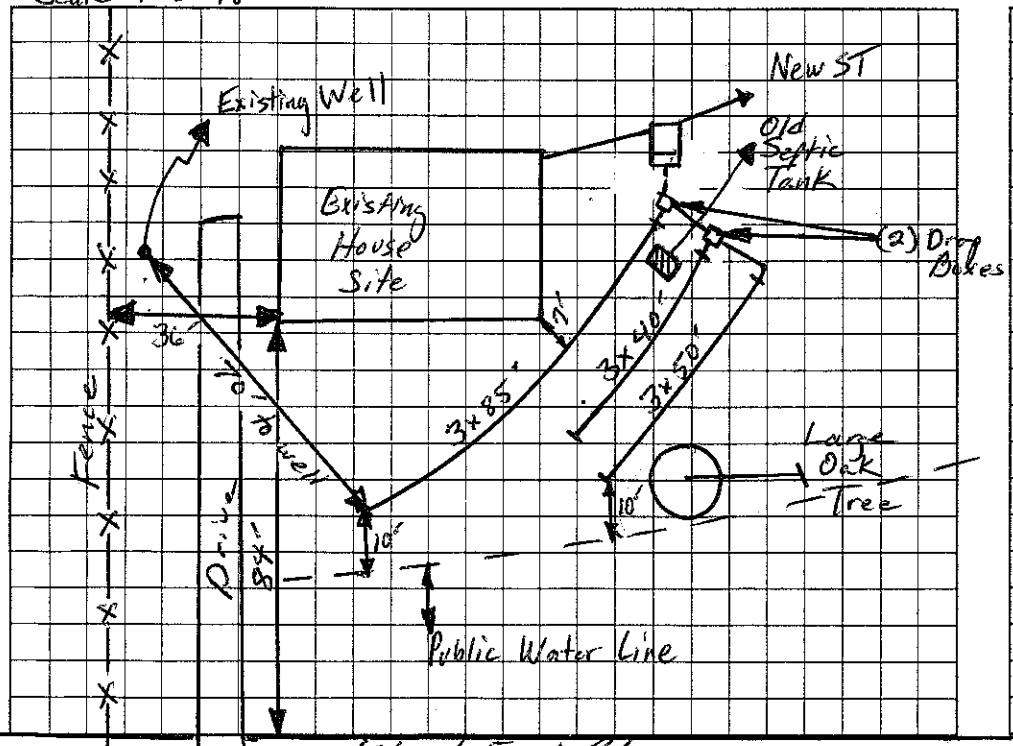
Water Supply: ☑ Individual ☐ Public ☐ Community Well

Comments/Conditions: ① Pump, crush, and fill old septic tank ② Reroute plumbing to new septic tank ③ Must keep all trenches level ④ Maintain setbacks from well and public water line.

Comments/Conditions: ① Zabel Filter ② Infiltrator chambers used for repair ③ System installed according to sketch ④ Old tank abandoned (pump, crushed, filled) and plumbing rerouted to new tank

Scale 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

System installed according to 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: Patsy Lail date Installed by: Esker Elder

Improvement Permit by: Christopher M. Shuler, RS date 6-24-04 Operation Permit by: Christopher M Shuler, RS date 7-1-04

Authorization to Construct by: Christopher M Shuler, RS date 6-24-04 Existing System Inspection by: date

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