* 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# 3795-82-1272 DATE 12 December 08

OWNER OR APPLICANT Michael Bothe PHONE: Business _____ Home (704)-878-9126

ADDRESS 194 W. Iredell Cir. Statesville N.C.

LOCATION Old Mtn. Rd. Turn onto W. Iredell Cir. Stay Rt. - 4th House on left

SUBDIVISION WEST IREDELL BLOCK / SECTION _____ LOT 226 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. _____

* Septic Tank: 1000 Gallons; STB 760 Date 10-27-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Replace ST
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Replace caved-in septic tank w/ new 1000 gal ST
* Keep 50' from well

Comments:/Conditions:

INITIAL SITE SKETCH

* not scale

AS BUILT SKETCH

Installed as shown

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: Michael M. Bothe OR _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: D. Hoyt, R.S. date 12 Dec. 08

Installed by: _____

Operation Permit by: _____ date 2-5-09

Existing System Inspection by: _____ date _____

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