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# 3797-53-6541 DATE 3/15/02

OWNER OR CONTRACTOR Jerry F. Mintzer PHONE: Business — Home (704) 585-6875

ADDRESS PO Box 151 Stony Point N.C. 28678

LOCATION Hwy 90 W, (1) in front of Market Basket, (2) Halyburton, (3) Taylor Lane, 2nd House on Left.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.38 Ac. SITE CLASS PE DESIGN FLOW ____ L.T.A.R. ____

Septic Tank: Repair Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 80'

No Lines 2 @ 40' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 24"

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

System Description: ____

Repair System Description: Gravity - Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

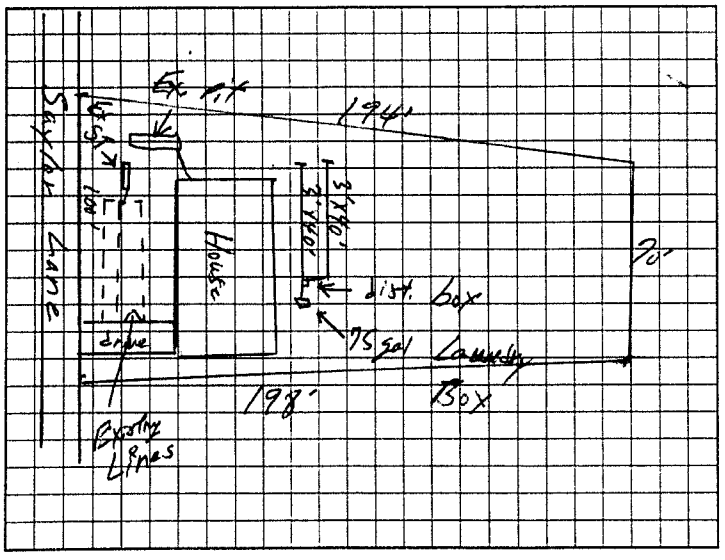
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Disconnect old pit from Laundry H2O. Install 75 gallon Laundry Box & tee, 2 lines - 40 Ft long with 24" gravel. Install Liner on grade. Level.

Comments/Conditions.

INITIAL SITE SKETCH



AS BUILT SKETCH

Install as Shown by Initial Site 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: Jerry F Mintzer date 3-15-02

Improvement Permit by: William O. Johnson date 3/15/02

Authorization to Construct by: William O. Johnson date 3/15/02

Installed by: Dale Fox Grading

Operation Permit by: William O. Johnson date 4/3/02

Existing System Inspection by: ____ date ____

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