IREDELL COUNTY HEALTH DEPARTMENT

Repair Permit

11:00-11:30

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

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

PERMIT# 083981 PIN# 4628814988 DATE 11/3/99

OWNER OR CONTRACTOR Gary Boggs PHONE: Business 2. Banks Brown 881-3514 Mob./Home (704) 538-1994

ADDRESS P.O. Box 325 Wallstown, NC 28042

LOCATION Hwy 150 TR Waddell at end on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT ~~LOT~~ LOT AREA 1.0 Acre SITE CLASS. _____ DESIGN FLOW Existing

Septic Tank: 1000 Gallons; STB 1012 Date 2-29-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet _____

No Lines Bed Trench Width 3 Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gravity - Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

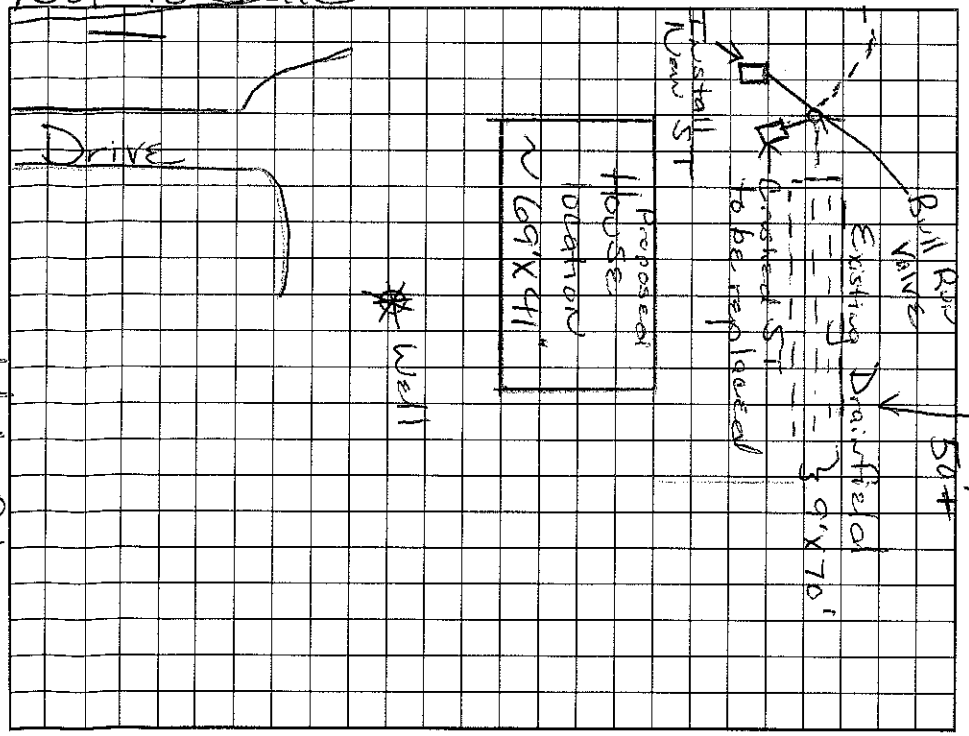
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

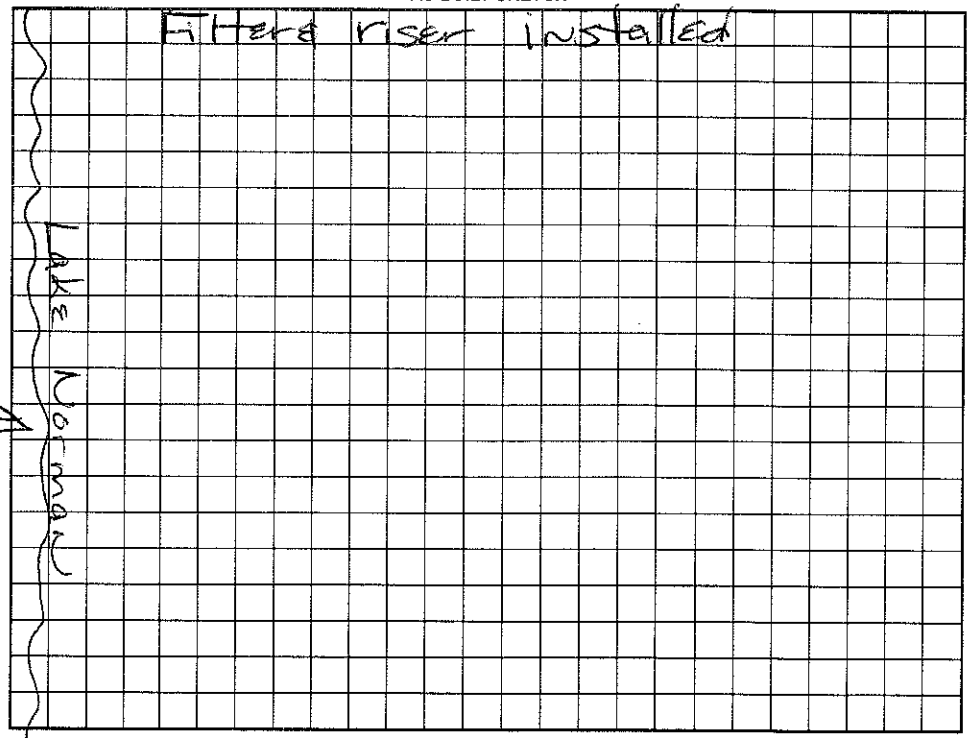
Comments/Conditions: Old Septic tank was crushed. Install new Septic tank per 1999 Rules, properly abandon old Septic tank

Comments/Conditions: Upgrading from MH to House. Drainfield is suitable for 3 Bedroom House, No problems noticed with Drainfield at time of inspection.

Not to Scale 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: X J. Banks Brown date _____ Installed by: David Yountz

Improvement Permit by: Maria H. Dobson R.S. date 11/3/99 Operation Permit by: Maria H. Dobson R.S. date 5/16/2000

Authorization to Construct by: Maria H. Dobson R.S. date 11/3/99 Existing System Inspection by: _____ date _____

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