IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4629665338

OWNER OR APPLICANT TRACY & Michelle SNIDER PHONE: Business 704-929-9328 Home _____ DATE 9-18-07

ADDRESS 1438 Wilkesboro Hwy Statesville NC 28625

LOCATION 21 South (R) North (R) State Rte (L) Mension Hts (R) ABERNATHY (L) County Hwy Access on RT

SUBDIVISION CUT 1 BLOCK / SECTION _____ LOT 169 LOT AREA .72 AC SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1012 Date 3-07-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet EXISTING

No Lines ____ Trench Width ____ Max Trench Bottom Depth UNKNOWN Gravel Depth _____

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

System Description: CONCRETE

Repair System Description: TANK REPLACEMENT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

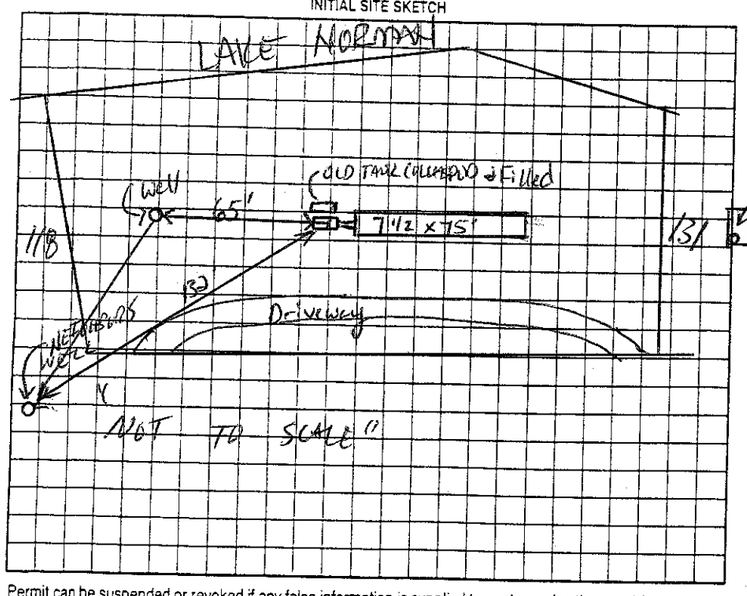
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

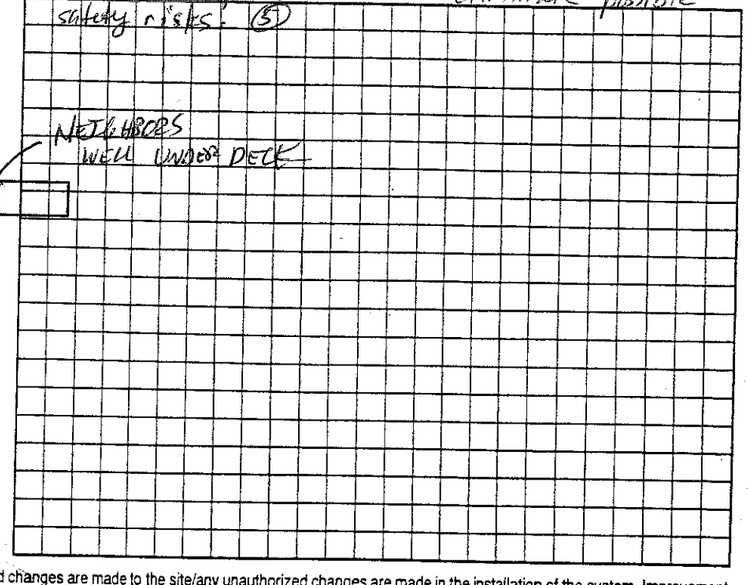
Comments/Conditions: (1) This EXISTING Systems TANK LID/TANK WAS CRUSHED BY MACHINERY TRAFFIC DURING SEA WALL EXCAVATION (2) Replace TANK, BOD SYSTEM INFO ~~WAS~~ LOCATED & System HAD TO MUCH MATERIAL ON

Comments:/Conditions: FT TO PUMP; (3) This permit serves AS Notice of Violation & must be repaired within 30 DAYS (4) NO Hood or Lid AT TIME OF CHECK (4) This Permit Serves Notice that the tank only was inspected & fixed correctly to eliminate possible safety risks. (5)

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: TRACY SNIDER date 9-18-07 Installed by: JABOD LENTZ

Improvement Permit by: _____ date 5-17-07 Operation Permit by: _____ date 9-19-07

Authorization to Construct by: _____ date 9-18-07 Existing System Inspection by: _____ date _____

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