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#

DATE 3/22/01

OWNER OR CONTRACTOR Ralph Barn Stein PHONE: Business — Home (704) 872-2128

ADDRESS 206 Mt. Hermon Road Statesville N. C. 28625

LOCATION I40W, (R) Old Mth Rd, (L) on Mt. Hermon Rd. ½ mile on (R) right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No —

Nitrification Field: No Fields — Square Feet — Lineal Feet 225 ft 150'

No Lines 4 Trench Width 3 ft Max Trench Bottom Depth 44" Gravel Depth 12-14"

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

System Description: County Conventional

Repair System Description: County Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees —

☐ Other —

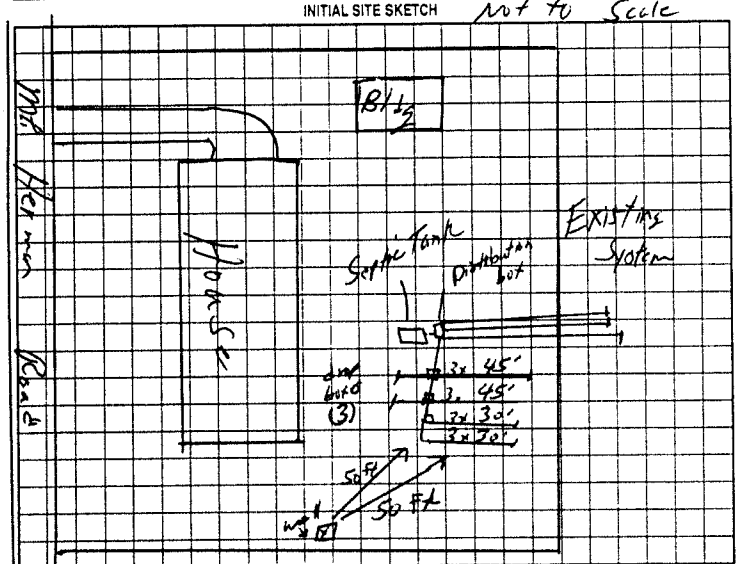
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

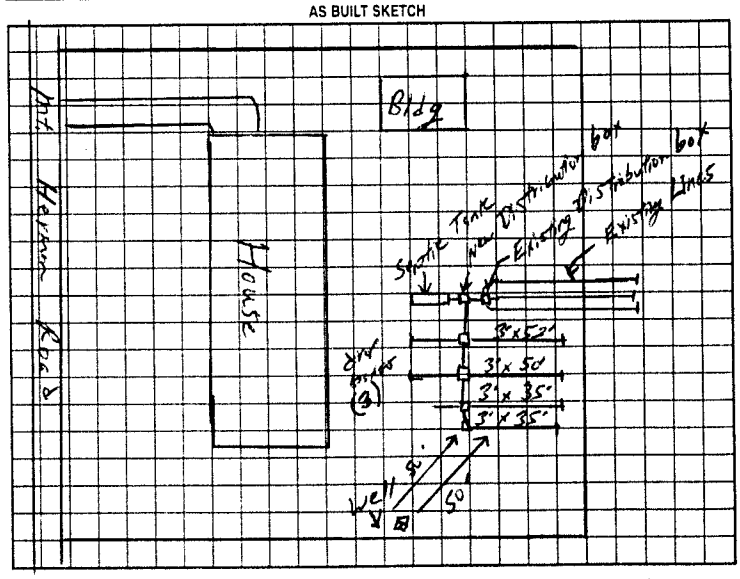
Comments/Conditions: ① Keep liner minimum 50 ft from well ② Add 150 ft of septic system lines

Comments/Conditions: - Installed new sanitary tee in septic tank

INITIAL SITE SKETCH Not to Scale



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: Ralph E Barnstein date —

Improvement Permit by: William O. Johnson RSI date 3/22/01

Authorization to Construct by: William O. Johnson LSI date 3/22/01

Installed by: Wes Lytton

Operation Permit by: William O. Johnson RSI date 3/30/01

Existing System Inspection by: — date —

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