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# 4704-71-6026 DATE 12-23-03

OWNER OR CONTRACTOR Joseph + Florence May PHONE: Business — Home (704) 878-0947

ADDRESS 158 Beulah Rd Statesville, N.C. 28677

LOCATION I-40 W, (L) on Old Mtn. Rd., (R) on Beulah Rd on right (@ 158 Beulah Rd)

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA _____ SITE CLASS. P5 DESIGN FLOW _____ L.T.A.R. Ex.

Septic Tank: 1,000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 120ft

No Lines 3@40ft Trench Width 36" Max Trench Bottom Depth — Gravel Depth 16"

☐ 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms ____ No. Bathrooms ____ No. Employees ____

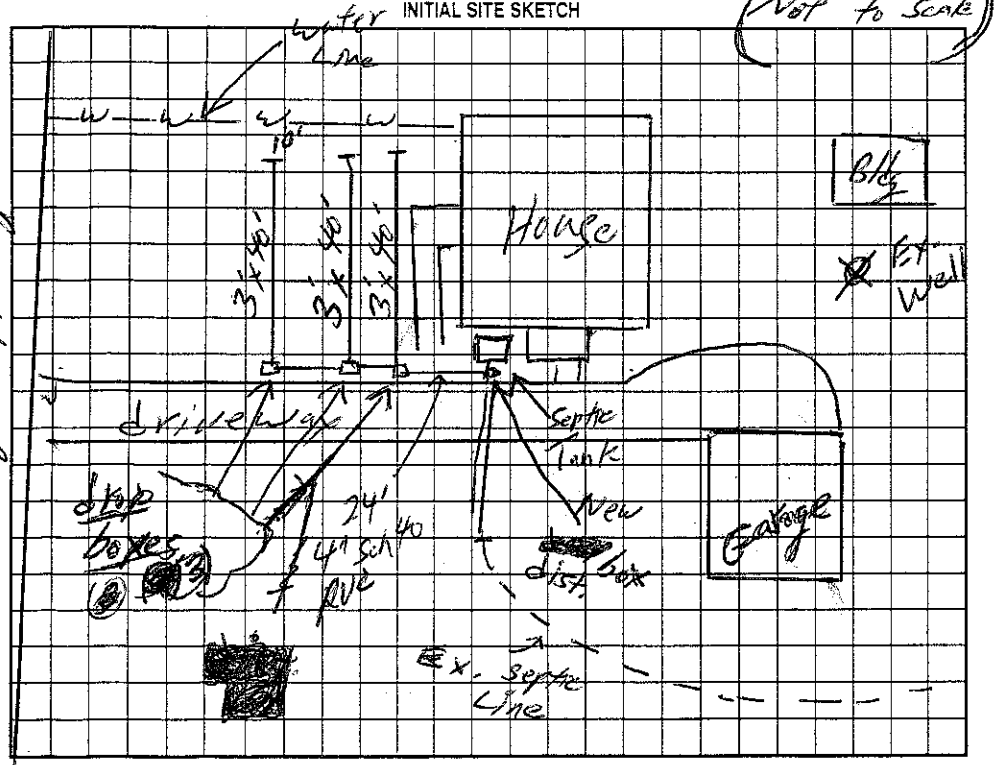
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Add 4 drop boxes + 120ft of Line w/16" of gravel ② Replace Septic Tank Tee

Comments:/Conditions: - Installed New septic tee in tank

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

Installed as Shown per 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: Florence K. May date 12-23-03 Installed by: Wes Lytton

Improvement Permit by: William O. Johnson date 12-23-03 Operation Permit by: William O. Johnson date 6/4/04

Authorization to Construct by: William O. Johnson date 12-23-03 Existing System Inspection by: _____ date _____

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