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# 4706-54-3168 DATE 4-19-2011

OWNER OR APPLICANT JIMMY L. TAYLOR PHONE: Business 704-560-6298 Home 704-873-4196

ADDRESS 116 ROBERTSON ROAD STATESVILLE, NC 28625-1830

LOCATION NC 90 WEST TO ROBERTSON ROAD HOUSE ON RIGHT AT #116

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.384 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons: STB 1012 Date 9-10-10

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet EX Linear Feet EX

No Lines EX Trench Width EX Max Trench Bottom Depth EX Gravel Depth EX

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

System Description: _____

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

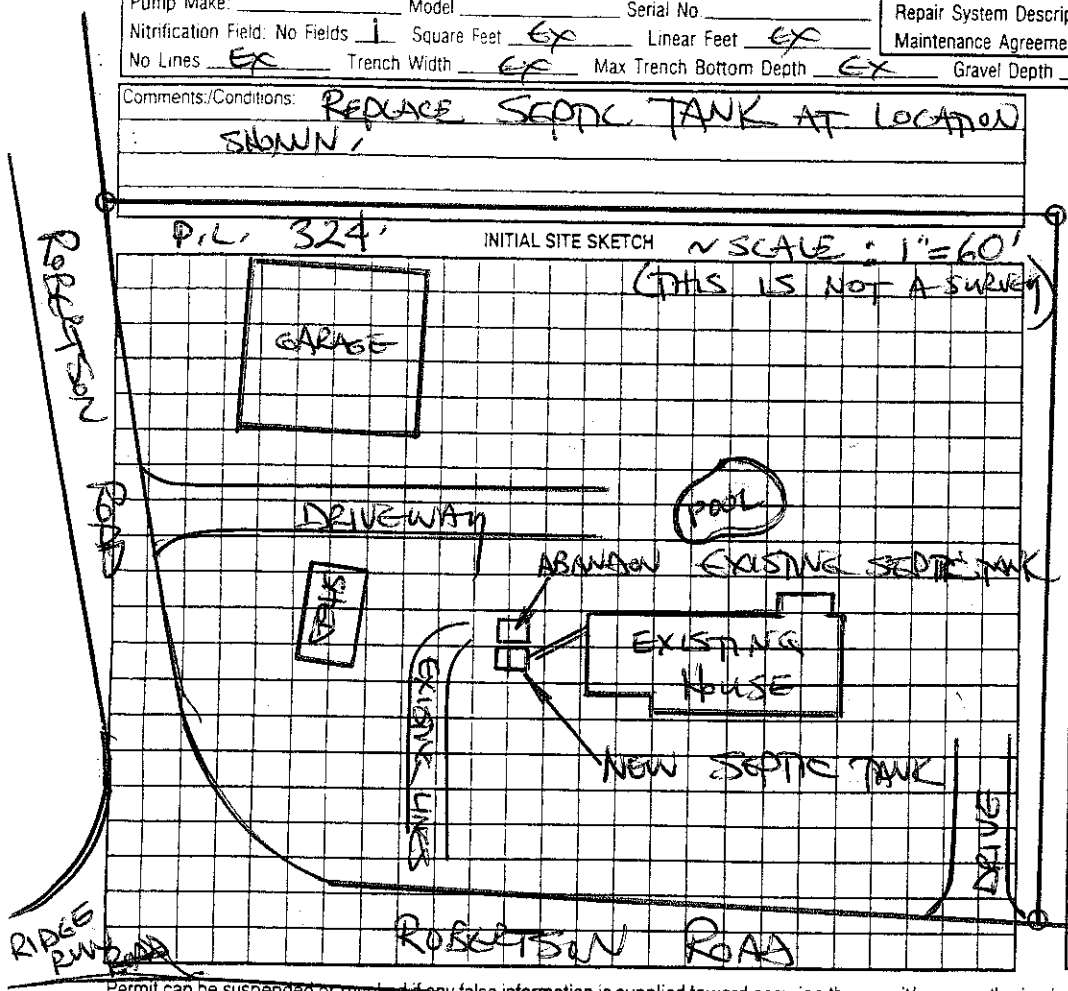
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: REPLACE SEPTIC TANK AT LOCATION SHOWN.

Comments:/Conditions: Poly Lock Filter / ST Marker

INITIAL SITE SKETCH ~ SCALE: 1"=60' (THIS IS NOT A SURVEY)



AS BUILT SKETCH

Installed as Drawn.

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 H Taylor date 4-19-11

Improvement Permit by: STEVE HEARICK date 4-19-11

Authorization to Construct by: STEVE HEARICK date 4-19-11

Installed by: Jared Lentz

Operation Permit by: [signature], R.S. date 26 Apr 11

Existing System Inspection by: _____ date _____

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