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# 4706-63-~~85~~25 9518 DATE 5/14/04

OWNER OR CONTRACTOR John Ervin PHONE: Business — Home (704) 873-0498

ADDRESS 155 White house Lane, Statesville N.C. 28625

LOCATION Hwy 90 W. Behind White house lane

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.0 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank: Ex 1,000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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

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

System Description: Gravity, Conv.

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

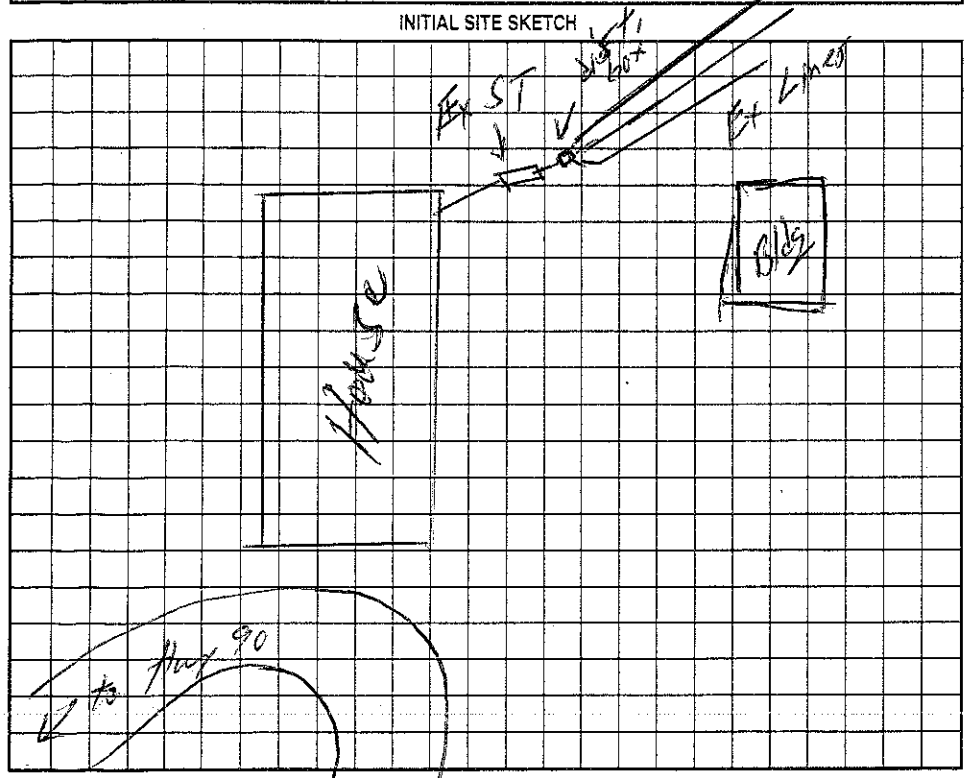
Comments/Conditions: ① Replace Septic Tee in Tank

② Add Speed levelers to distribution box

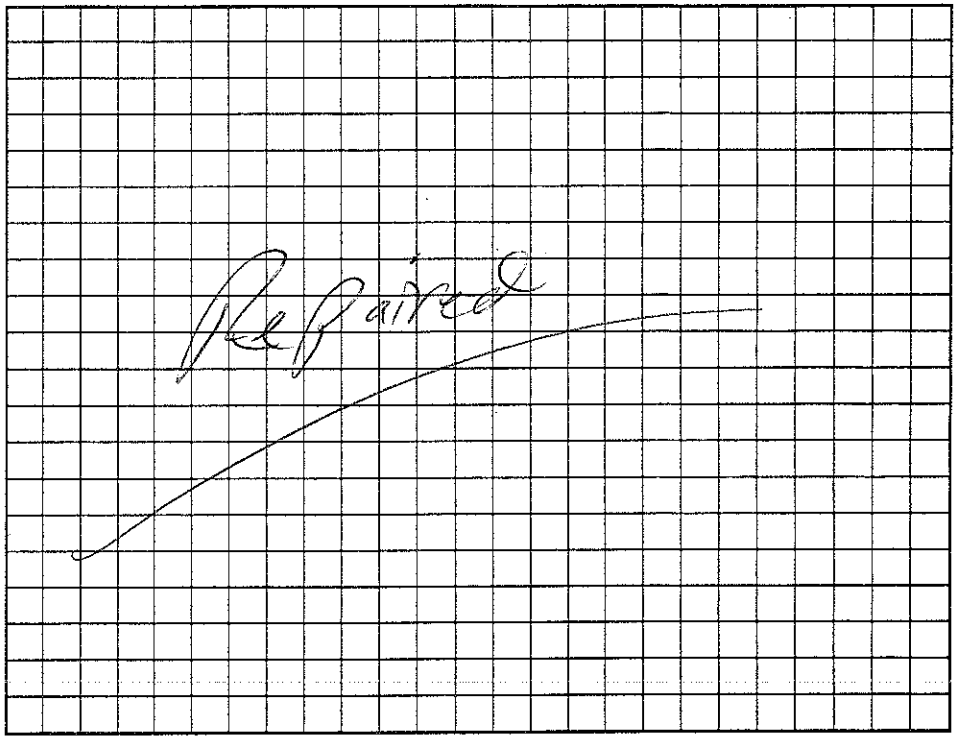
Comments/Conditions:

- Home owner replaced Septic tee and installed speed levelers in dist. box

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: ____ date ____

Improvement Permit by: William O. Johnson date 5/14/04

Authorization to Construct by: William O. Johnson date 5/14/04

Installed by: John Ervin

Operation Permit by: William O. Johnson date 5/17/04

Existing System Inspection by: ____ date ____

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