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 4/19/02

OWNER OR CONTRACTOR Hugh H. Ervin PHONE Business Home

ADDRESS 4508 Taylorsville Hwy Statesville N.C. 28625

LOCATION Hwy 90 West, 2nd drive on (R) before Scotts Creek Rd

SUBDIVISION BLOCK / SECTION LOT LOT AREA Acres SITE CLASS. FB DESIGN FLOW 360 L.T.A.R.

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet Existing Linear Feet

No Lines 3 Trench Width Max Trench Bottom Depth

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

System Description:

Repair System Description: Gravity, Conv.

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

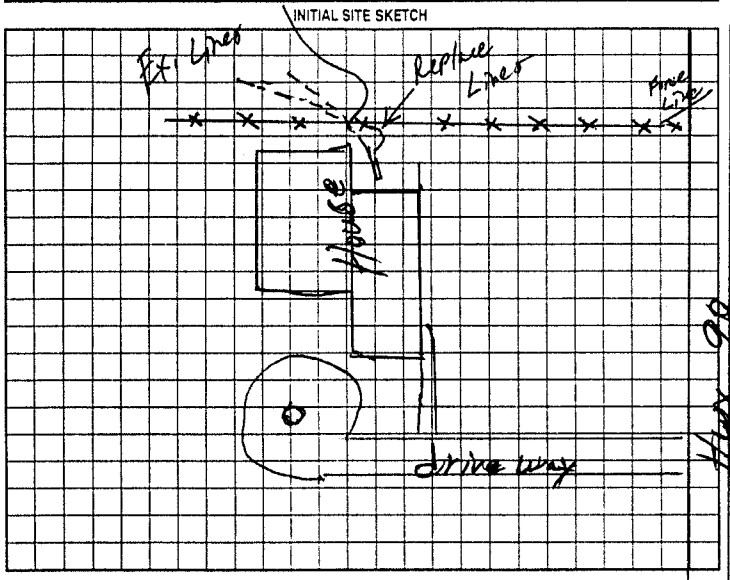
Gravel Depth 10" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Install new Sanitary Tee if Necessary ② Replace Line from Septic Tank to area that is not showing Stoppage

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

① - Repaired as Shown

- Replaced Sanitary Tee

- Installed New Supply Line From Tank to Beyond Fence.

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: Hugh H. Ervin date installed by Hugh Ervin

Improvement Permit by: William O. Johnson date 4/19/02 Operation Permit by William O. Johnson date 4/29/02

Authorization to Construct by: William O. Johnson date 4/19/02 Existing System Inspection by: date

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