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# 4713-51-0193 43 DATE 2-6-06

OWNER OR CONTRACTOR SIDNEY R. ALEXANDER PHONE: Business Home 704-872-9165

ADDRESS 192 BLACK ROAD STATESVILLE NC 28677

LOCATION OLD MOUNTAIN ROAD TO CELESTE CUFFOLD ROAD, TL BLACK ROAD 0.4 MILE ON RIGHT AT #192

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.94± ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT2

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ. TO 800 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" +/- Gravel Depth N/A

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

System Description:

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

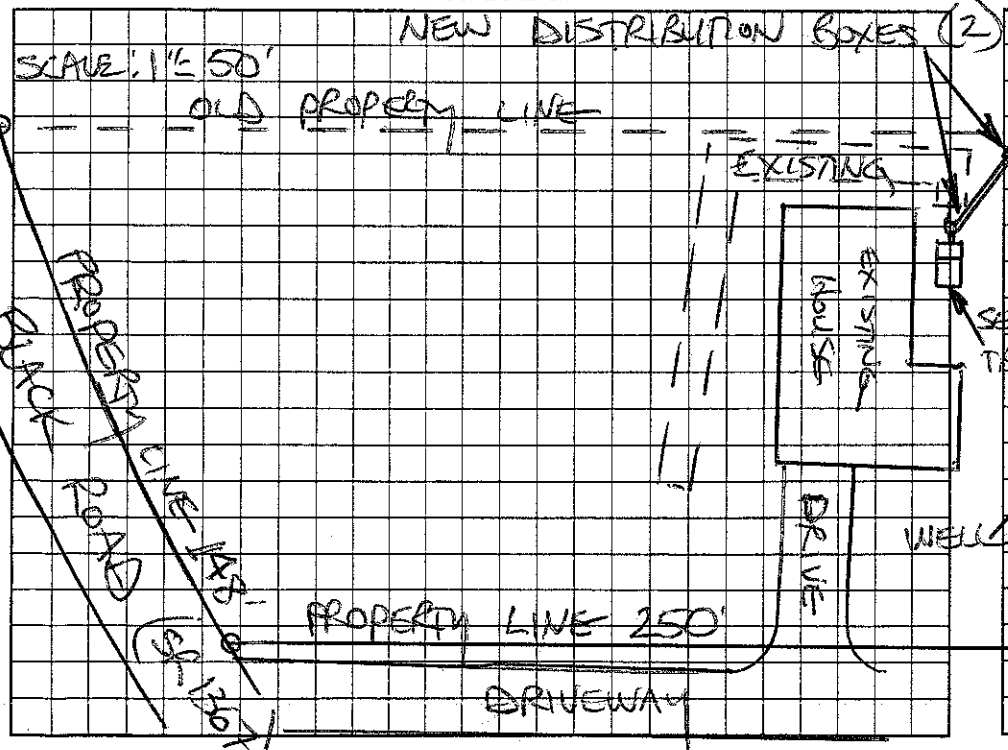
Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

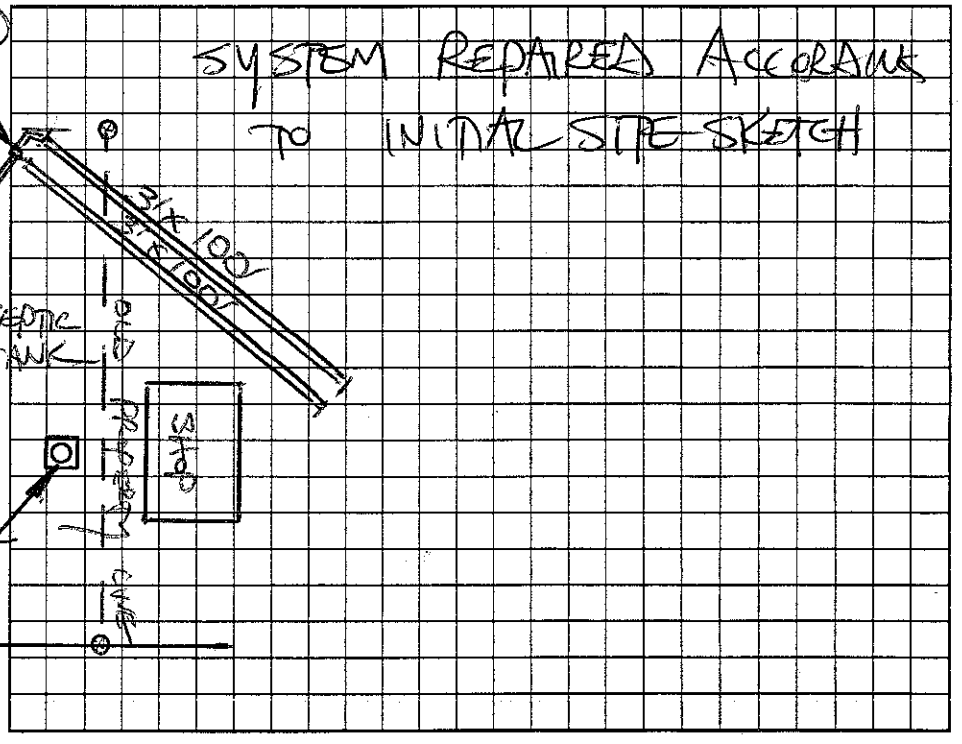
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN AS SHALLOW AS POSSIBLE.

Comments:/Conditions: NEW EFFLUENT FILTER INSTALLED IN SEPTIC TANK

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: X Brett Alex date 2-06-06 Installed by: LARRY BROWN

Improvement Permit by: STEVE HEDRICK date 2-6-06 Operation Permit by: STEVE HEDRICK date 2-10-06

Authorization to Construct by: STEVE HEDRICK date 2-6-06 Existing System Inspection by: date

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