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# 4714 87 1377 DATE 11-26-01

OWNER OR CONTRACTOR JACK BURRIS PHONE: Business Home (704) 872-7287

ADDRESS 625 ISLAND FORD ROAD, STATESVILLE NC 28625

LOCATION ISLAND FORD ROAD, ON LEFT AT BOX # 625

SUBDIVISION BLOCK / SECTION LOT LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 600 Linear Feet 200

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36"+/- Gravel Depth 18"

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

System Description:

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

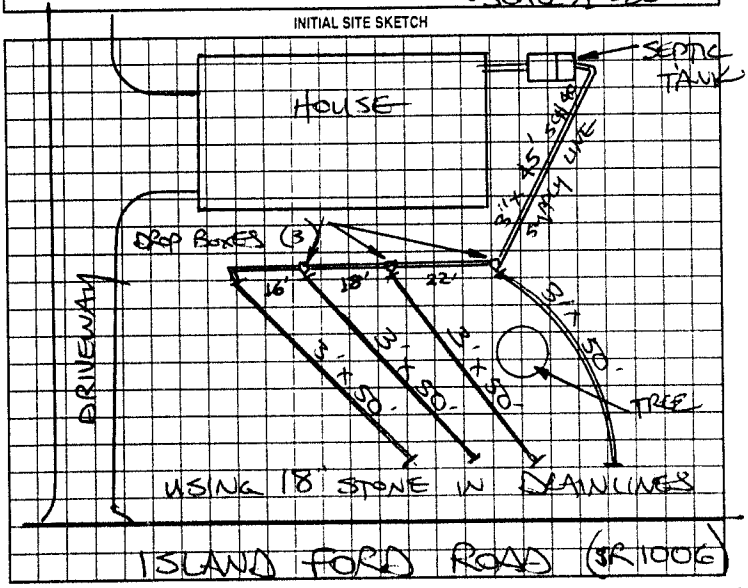
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① REPLACE SANITARY TEE IF NECESSARY ② USE 18" STONE IN DRAIN LINES ③ ABANDON EXISTING DRAINFIELDS

Comments/Conditions:

INITIAL SITE SKETCH

~SCALE: 1" = 30'



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO 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: [signature] date 11-26-01

Improvement Permit by: STEVE HEDRICK date 11-26-01

Authorization to Construct by: STEVE HEDRICK date 11-26-01

Installed by: STATESVILLE BACKHOE

Operation Permit by: STEVE HEDRICK date 11-27-01

Existing System Inspection by: date

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