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 8/22/01

OWNER OR CONTRACTOR Ken Dishman PHONE: Business — Home (704) 872-3285

ADDRESS 626 Island Ford Rd Statesville NC 28625

LOCATION Hwy 90 W, TL Island Ford Rd, Cross 3rd Creek 3rd House on Rt

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS V5 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 — Linear Feet 150
No. Lines 3 @ 50 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 16-18"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: Gravity, Conv
Repair System Description: Conv
Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —

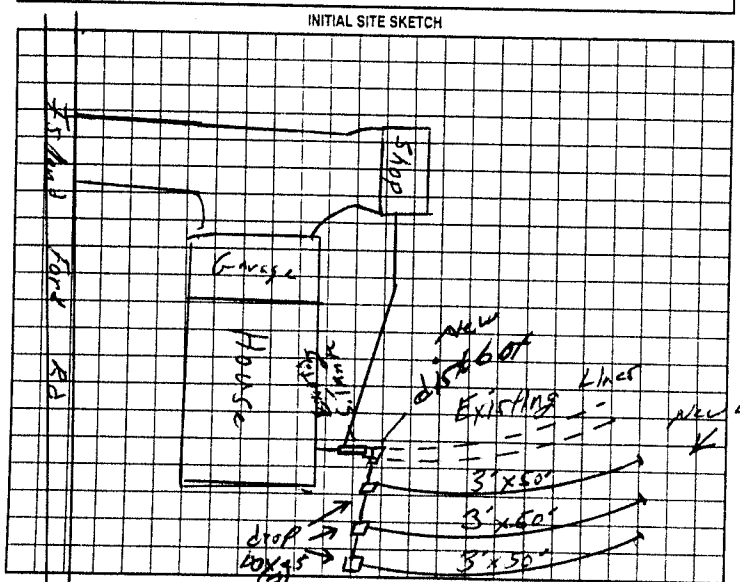
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) Install New distribution box (2) Install (3) three - 50 Ft lines in Conterv

Comments/Conditions: - Installed New Distribution box - Sanitary Tee also (1st + 2nd lines - Level + Off Grade - 3"-6"

INITIAL SITE SKETCH



AS BUILT SKETCH

Install as Shown

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: Ken Dishman date —

Improvement Permit by: William E. Johnson date 8/27/01

Authorization to Construct by: William E. Johnson date 8/27/01

Installed by: Dean Dishman (Son)

Operation Permit by: W.E. Johnson date 9/11/01

Existing System Inspection by: — date —

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