IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

DATE 6-24-2000

PERMIT# REPAIR PIN#

OWNER OR CONTRACTOR MORRIS & VICKIE ABERCROMBIE PHONE: Business 878-6645 Home 924-7789

ADDRESS 164 SAINT JILL CIRCLE, STATESVILLE, NC 28625

LOCATION US 64 W, TL TARLTON RD, TL ST JILL CIR, LOT ON RIGHT AT BOX # 164

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 1012 Date 5-7-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth (20")

☐ New System ☑ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

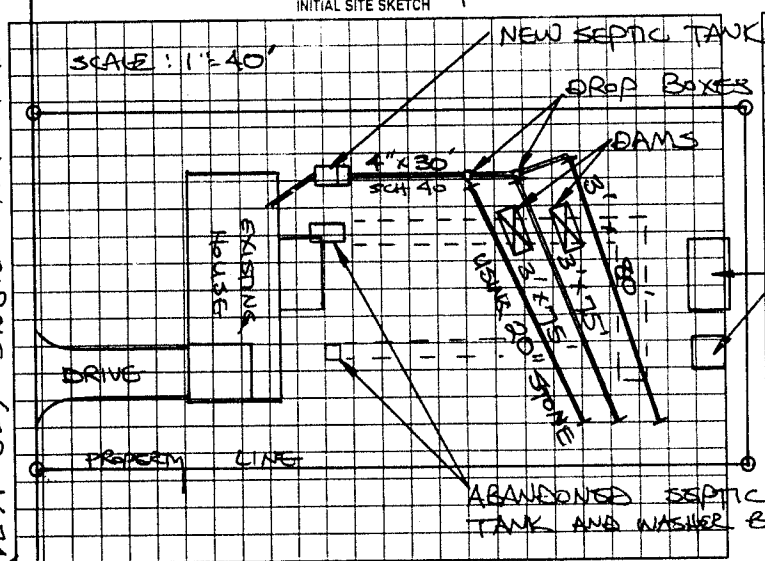
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① CRUSH & FILL EXISTING, DAMAGED SEPTIC TANK ② INSTALL NEW TANK AS SHOWN ③ INSTALL NEW DRAINLINES USING 20" STONE ④ CONSTRUCT DAM IN EXISTING LINE AT LOCATIONS SHOWN USING CLAY FROM EXCAVATIONS.

Comments/Conditions: MAINTENANCE - ① USE 32 oz COPPER SULFATE ANNUALLY TO HELP PREVENT ROOT PENETRATION & CLOGGING ② PUMP-OUT SEPTIC TANK CONTENTS EVERY 3 TO 5 YEARS

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL 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: Monica Jerome Abercrombie date 6-24-00 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 6-24-2000 Operation Permit by: STEVE HEDRICK date 8-14-00

Authorization to Construct by: STEVE HEDRICK date 6-24-2000 Existing System Inspection by: _____ date _____

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