See attached permit #164390, 12/1/10 for room addition. 350.00 Paid

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# 4715 26 0455 DATE 10/10/05

OWNER OR CONTRACTOR A Keith & Jane Wilson PHONE: Business _____ Home 704 871 9069

ADDRESS 274 St Jill Cr Statesville, NC 28625

LOCATION 40W 64W @ Tarlton House straight across from intersection of Tarlton and St Jill

SUBDIVISION Carol Lynn BLOCK / SECTION _____ LOT 23 LOT AREA .43 acres SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1007 Date 8/17/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Exis + 450 Linear Feet Exis + 150
No Lines 2 + Exist Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 18"

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

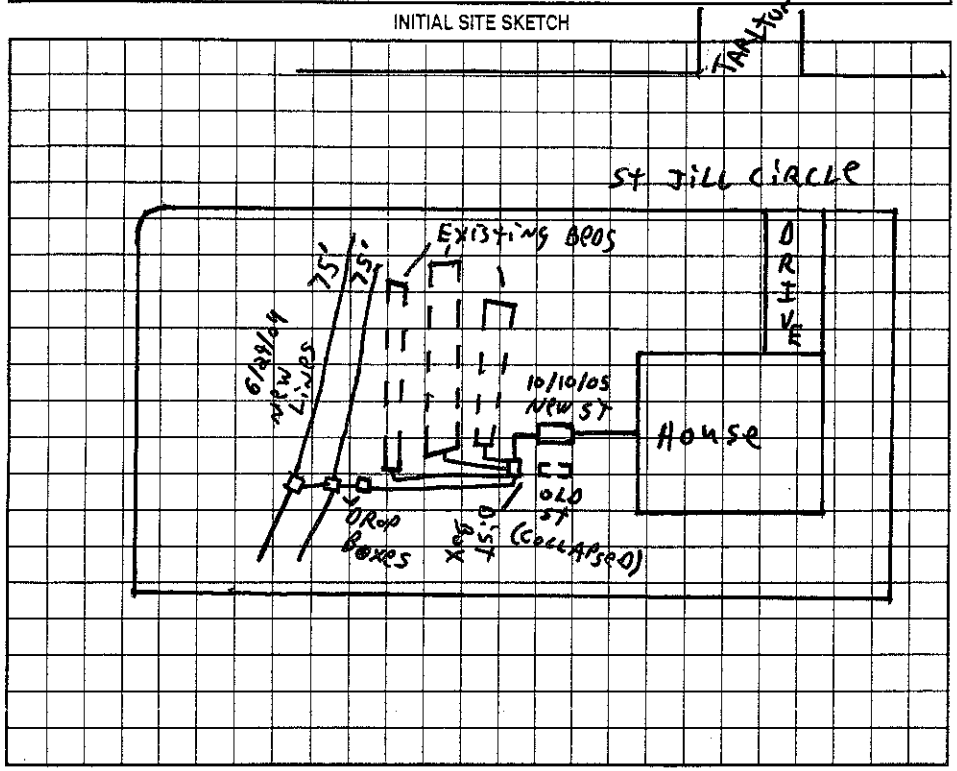
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Disconnect old septic tank from D.S.T. Box. Install new septic tank and fill in old collaped tank.

Comments/Conditions: ST w/risers and zabel filter

INITIAL SITE SKETCH



AS BUILT SKETCH

New septic tank installed due to collapse of old septic tank. Rest of system functional.

Installed as drawn

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: Jane Wilson date 10/12/05 Installed by: K & M Grading

Improvement Permit by: [signature] date 10/10/05 Operation Permit by: [signature] date 10/12/05

Authorization to Construct by: [signature] date 10/10/05 Existing System Inspection by: _____ date _____

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