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# 4715-58-8310 DATE 8/6/03

OWNER OR CONTRACTOR Julie Ward PHONE: Business (828) 464-0767 Home (704) 873-8737

ADDRESS 138 Stevenson Farm Rd Statesville NC 28625

LOCATION Hwy 90 W, (R) Little Farm Rd, (L) Stevenson Farm Rd, 4th House on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.49 Acres SITE CLASS. Ex DESIGN FLOW 360 L.T.A.R. .30 gpd/ft

Septic Tank: Existing Gallons: STB 160 Date 7-26-04

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1160 Linear Feet 290

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 16"

☐ New System ☒ Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

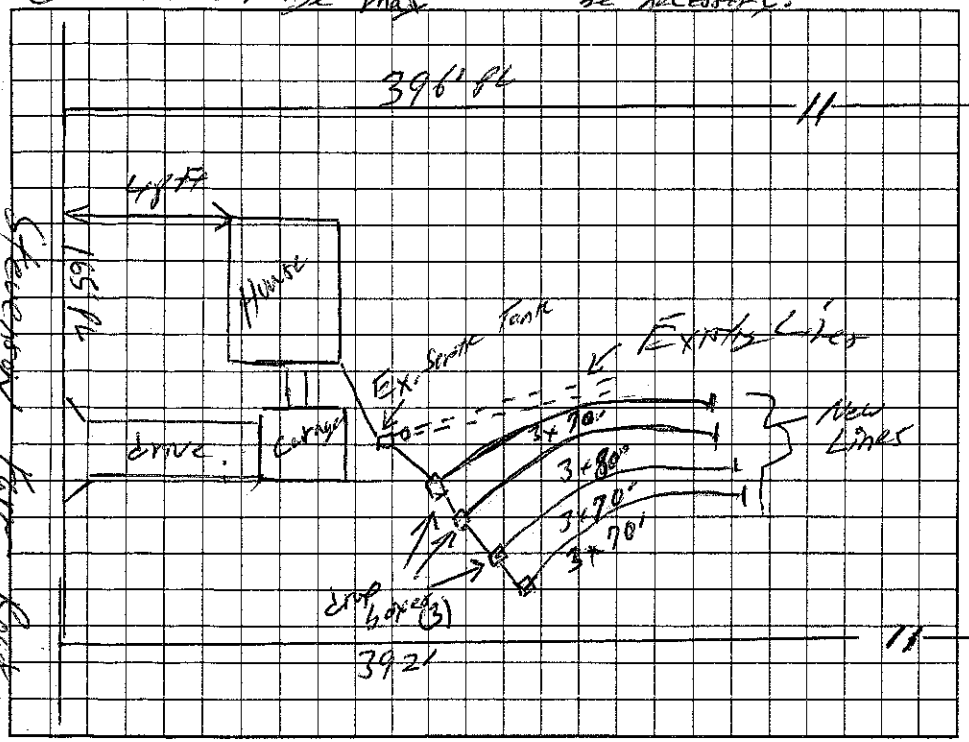
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

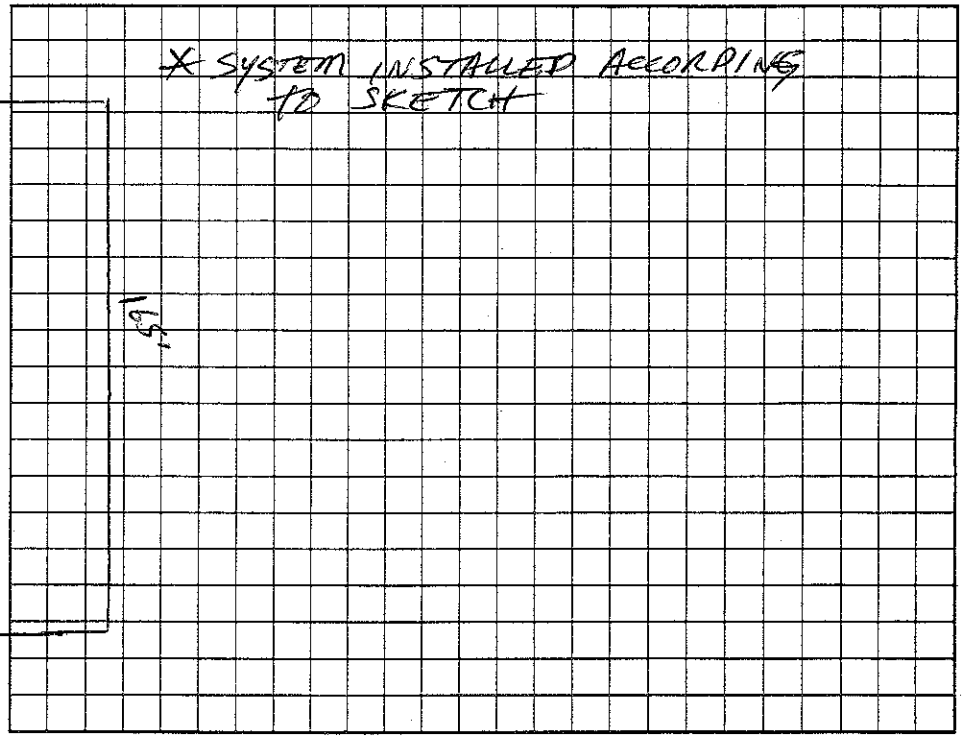
Comments/Conditions: (1) Pump Ex Septic Tank Before Repair (2) Replace S.T. if necessary (3) Remove Maple tree @ ends of proposed New line #2. (4) Pipe House gutter system away from new drainfield. (5) This permit serves as Notice of Violation, System must be repaired by 9/6/03. (6) French Drainage may be necessary.

Comments/Conditions: (1) RED POLYLOK (2) INFILTRATOR CHAMBERS

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: [signature] date 8/6/03 Installed by: AMELL EXCAVATING

Improvement Permit by: William O. Johnson date 8/6/03 Operation Permit by: [signature], RS date 9-29-04

Authorization to Construct by: William O. Johnson date 8/6/03 Existing System Inspection by: _____ date _____

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