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# 4715-77-6201 DATE 2/6/04

OWNER OR CONTRACTOR Libby Mason PHONE: ~~Business~~ (704) 592-7153 Home –

ADDRESS 245 Poplar Springs Rd Statesville N.C. 28625

LOCATION Hwy 90 W. @ Snow Bird Lane 1st on Right at 134 Snowbird Lane.

SUBDIVISION ~~MYRTLE~~ OAK ~~BLOCK~~ / SECTION ~~10~~ LOT (13) LOT AREA _____ SITE CLASS. F5 DESIGN FLOW 240 L.T.A.R. Exists

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 _____
No Lines 2@70ft Trench Width 36" Max Trench Bottom Depth – Gravel Depth 18"

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

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____

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

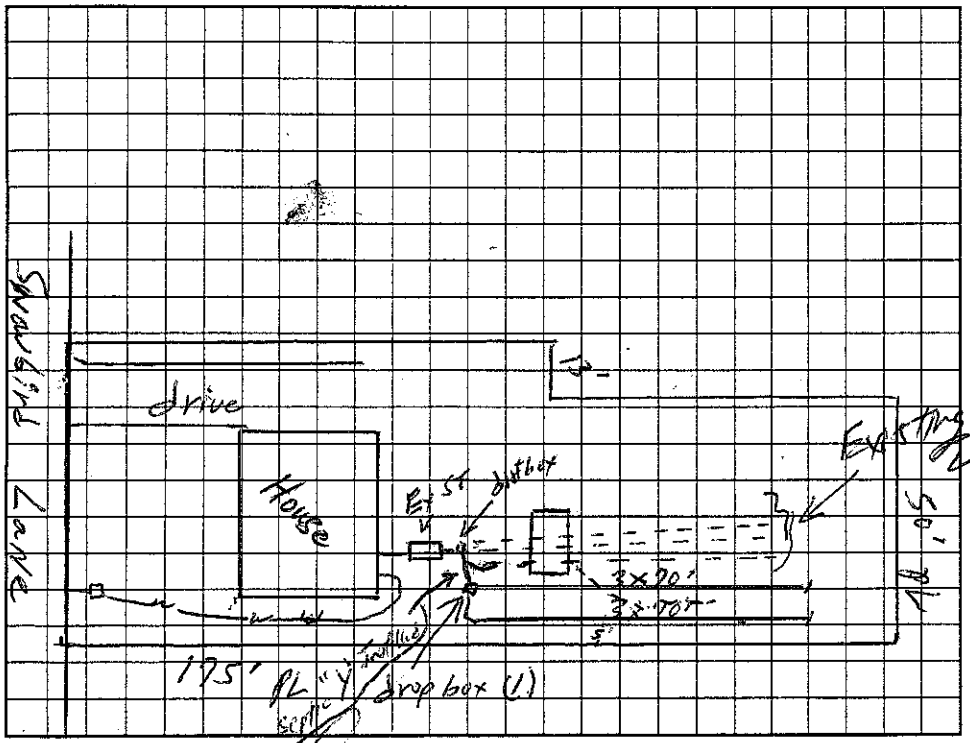
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: ① Install two lines at 70ft ② Replace distribution box if necessary ③ Keep minimum 5ft off property lines. ④ Pump out Septic Tank before repairing System

Comments:/Conditions:

Installed 70ft of line w/18" of Gravel

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per 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: X _____ date _____

Improvement Permit by: William O. Johnson date 2/6/04

Authorization to Construct by: William O. Johnson date 2/6/04

Installed by: Kenny Pearson

Operation Permit by: William O. Johnson date 3/4/04

Existing System Inspection by: _____ date _____

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