# 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 7/3/01

OWNER OR CONTRACTOR James Merritt PHONE: Business — Home (704) 822-4991

ADDRESS 117 Jo-Monni LP Statesville N.C 28625

LOCATION Hwy 90 West (R) Little Farm Rd (L) Jo-Monni Loop, 1st driveway on Left

SUBDIVISION Jo-Monni BLOCK / SECTION — LOT — LOT AREA ~ 1.15 Acres SITE CLASS _____ DESIGN FLOW _____ 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 1200 Linear Feet 400'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☐ 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 3

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees ____

☐ Other _____

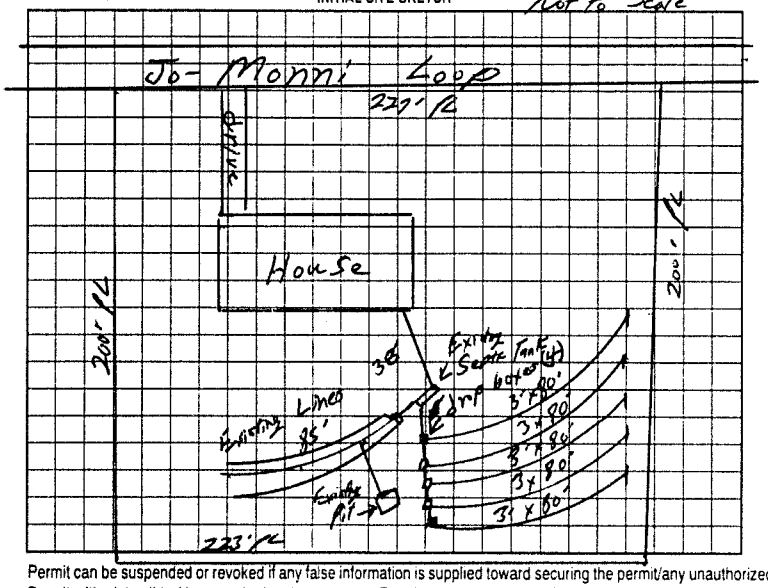
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Public ☐ Community

Comments/Conditions: (1) Install 5 Lines on contour with drop boxes (2) Keep System 10 ft from property Lines (3) Do Not Install When wet (4) Do Not use existing System (5) Install New Stirling Tee if Needed.

Comments/Conditions

INITIAL SITE SKETCH Not to Scale




AS BUILT SKETCH

Installed as 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 James O. Merritt date 7/3/01 Installed by: James Hedler

Improvement Permit by: William O. Johnson date 7/3/01 Operation Permit by: William O. Johnson date 7/19/01

Authorization to Construct by: William O. Johnson date 7/3/01 Existing System Inspection by: _____ date _____

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