IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# / PIN# 4721848951 DATE 9-20-05

OWNER OR CONTRACTOR BENJAMIN E DUNLAP PHONE: Business Home

ADDRESS 508 EAST MONBD RD Statesville NC 28677

LOCATION 215 (R) OMR (L) EAST MONBD @ATBOX # 508

SUBDIVISION BLOCK / SECTION LOT LOT AREA 39.5 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. EXISTING

(1) Septic Tank: 1500 Gallons; STB 338 Date 8-10-05

(2) ~~Pump~~ Septic Tank: 1000 Gallons; PT 312 Date 8-10-05

Pump Make: Model Serial No.

Nitrification Field: No Fields / Square Feet / Linear Feet /

No Lines / Trench Width / Max Trench Bottom Depth Gravel Depth /

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

System Description: 2 TANKS

Repair System Description:

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:

① REPLACE TANKS CRUSHED BY ROOFING TRUCKS

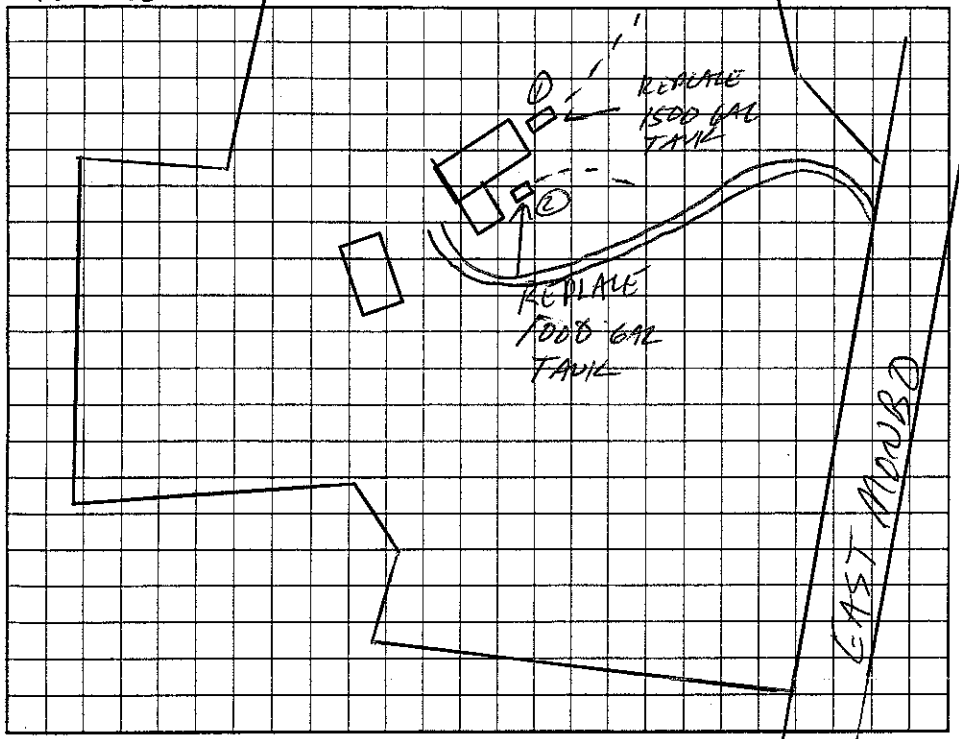
② OLD TANKS TO BE PUMPED/CRUSHED/& NEW

Comments:/~~Conditions:~~ 2 TANKS PLACED IN SAME LOCATION

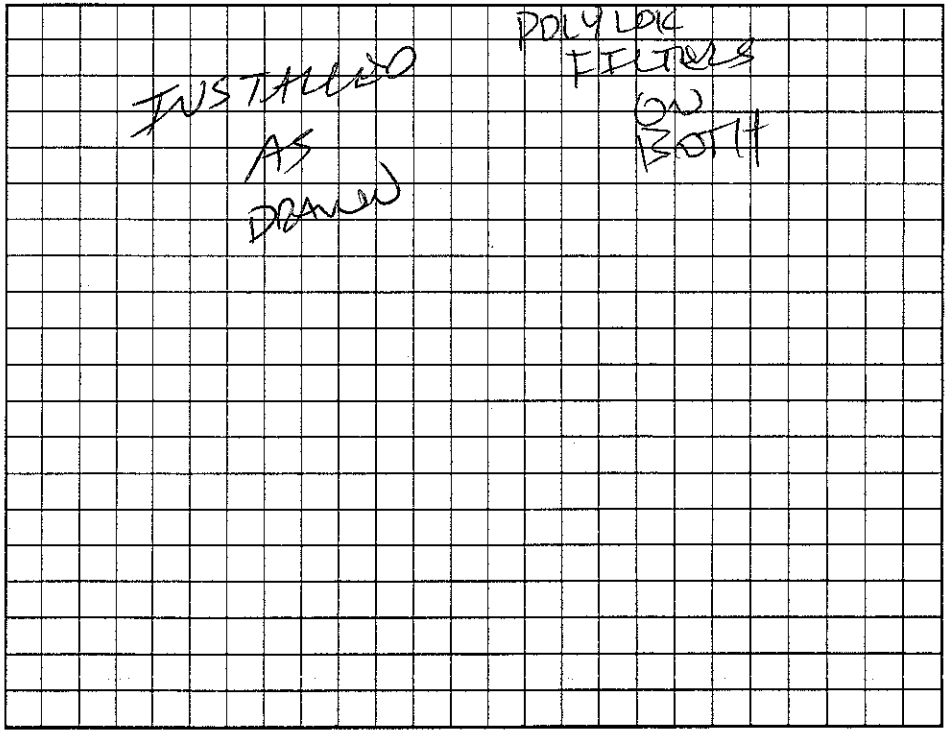
③ THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS

NOT TO SCALE

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: X Suzanne Up Dunlap date X 9-20-05 Installed by: WES LYNTON

Improvement Permit by: date 9-20-05 Operation Permit by: date 9-20-05

Authorization to Construct by: date 9-20-05 Existing System Inspection by: date

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