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# 4724-54-3492 DATE 1/27/03

OWNER OR CONTRACTOR Chester + Mary Jannette PHONE: Business — Home (704) 822-1854

ADDRESS 803 Reynolds Rd. Statesville N.C.

LOCATION Hwy 90, (R) Bristol, (R) Meadowbrook, (L) Reynolds, 1st on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .30 Acre SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .30

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 390 Linear Feet 65

No Lines 2 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 24"

☐ 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

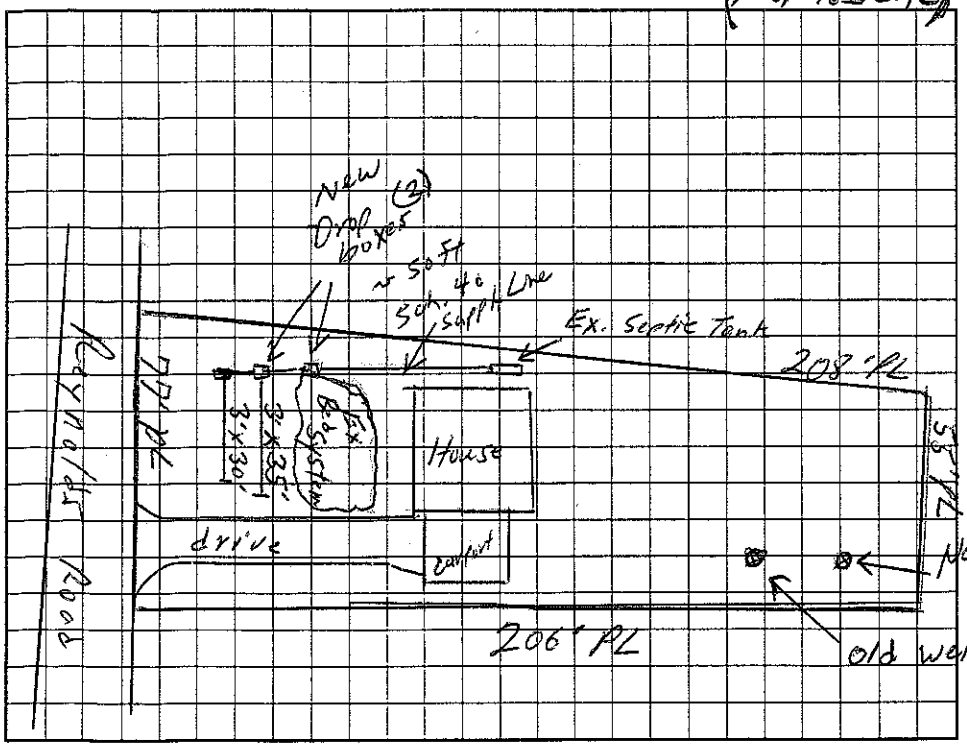
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Pump out Septic Tank (2) Replace Supply line from tank to existing bed system (3) Add two New lines with 24" of gravel. (4) This permit serves as N.O.V.

Comments:/Conditions:

- New Tee Installed in Tank
- Replaced all Supply Line with Sch 40 PVC
- Two New lines added.

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

Installed 40 ft Septic Line
35 ft.
75 ft - total with 24" gravel.

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: Mary Jannette date 1 29 2003 Installed by: Wes Lytton

Improvement Permit by: William O. Johnson date 1/27/03 Operation Permit by: William O. Johnson date 4/23/03

Authorization to Construct by: William O. Johnson date 1/27/03 Existing System Inspection by: ____ date ____

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