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# 4724-81-0679 DATE 2-21-05

OWNER OR CONTRACTOR J.C. LONG PHONE: Business Home 704-872-5694

ADDRESS 1104 RITA AVENUE STATESVILLE, NC 28677

LOCATION TO WEST (L) PARK DR (R) WILLIAMS (L) RITA AV PT AT BOX # 1104

SUBDIVISION / BLOCK / SECTION / LOT / LOT AREA .46 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. / REPAIR

Septic Tank: 1000 Gallons; STB 1017 Date 8-7-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet / Linear Feet 220'
No Lines 4 Trench Width 36" Max Trench Bottom Depth / Gravel Depth 24"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: GRAV CONV
Repair System Description: /
Maintenance Agreement Required: ☐ Yes ☒ No

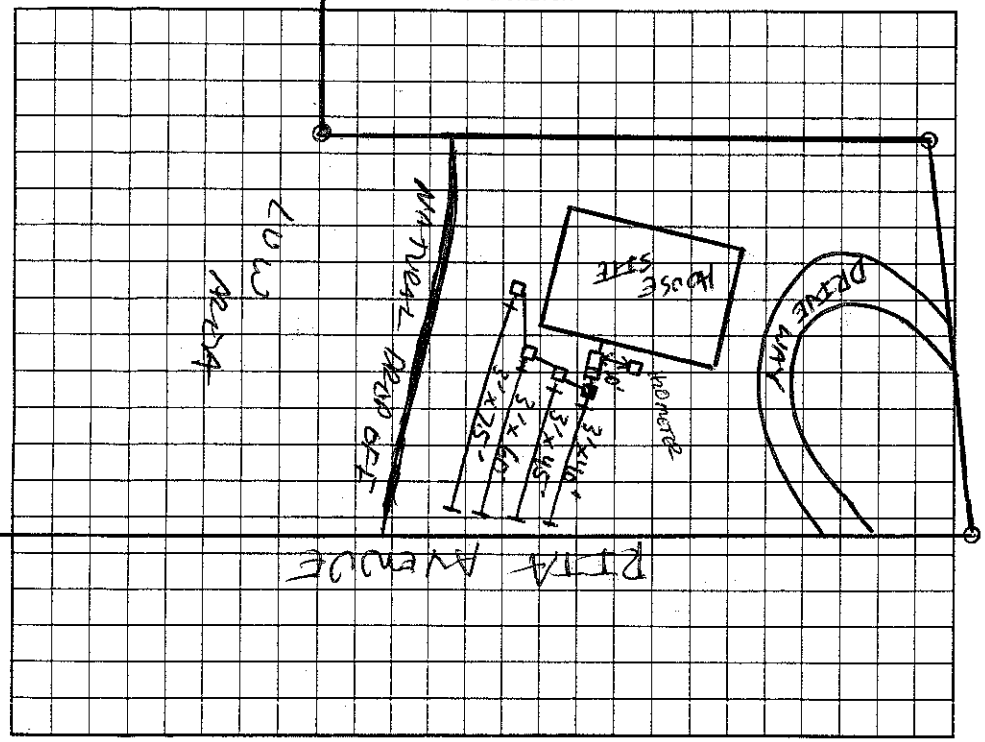
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: (1) LOCATE UTILITIES (2) MAY HAVE TO REDIRECT H2O LINE (3) START TRENCH DEPTH AT 36" AT SHALLOWEST PT & DIG INTO THE HILL WITH 24" OF STONE, OWNER SAID LOT

INITIAL SITE SKETCH



Comments/Conditions: MAKE SURE THE EFFLUENT WILL BACK UP TO THE DROP BOX. (4) SYSTEM IS FLAGGED OUT 8' ON CENTERS EVERY 10' (5) STUBOUT FOR HOUSE WILL HAVE TO BE (LOCATED) (6) OWNER SHOWED ME P/L & SYSTEM IS 5' OFF P/L, OWNER SAID LOT

AS BUILT SKETCH NEEDED PRIOR TO JULY 1, 1977.

(7) THIS PERMIT SERVES AS A NOTICE OF VIOLATION & MUST BE ADDRESSED WITHIN 30 DAYS,

TOFF TIME FILTER & MARKER

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: J C Long date 2-21-05 Installed by: JIM LENTZ / JAMES LENTZ

Improvement Permit by: [signature] date 2-21-05 Operation Permit by: [signature] date 3-7-05

Authorization to Construct by: [signature] date 2-21-05 Existing System Inspection by: date

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