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# 4724932501 + 4724932393 DATE 10/9/01

OWNER OR CONTRACTOR Ramseur, Thomas PHONE: Business — Home (704) 880-1066

ADDRESS 2117 Bristol Rd. Statesville, NC 28677

LOCATION Hwy 70 West, (2) on Bristol Rd.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

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 4 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity, Conventional

Repair System Description: —

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3/2 No. Bathrooms — No. Employees —

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

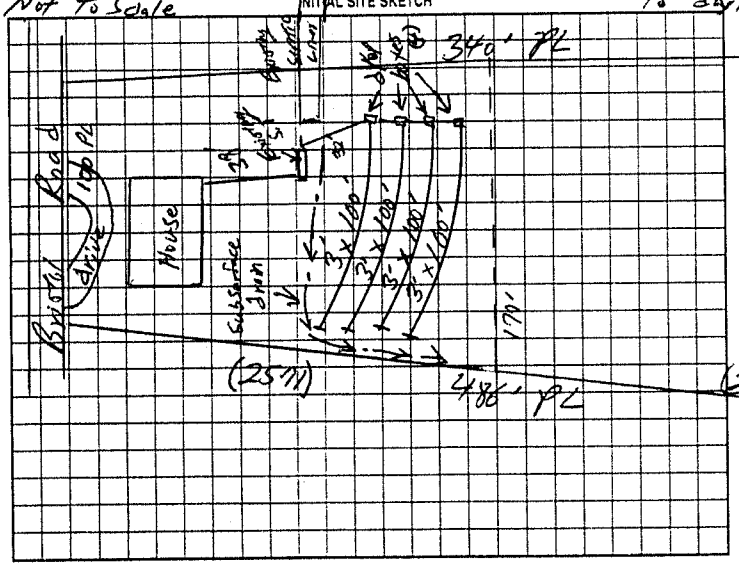
Water Supply: ☐ Individual ☒ Public ☐ Community City

Comments/Conditions: ① Replace new tee if necessary ② Install new lines on contour ③ abind old lines + Install (4) 100ft lines ④ Install Subsurface drain around system 12" below French bottom depth to day light.

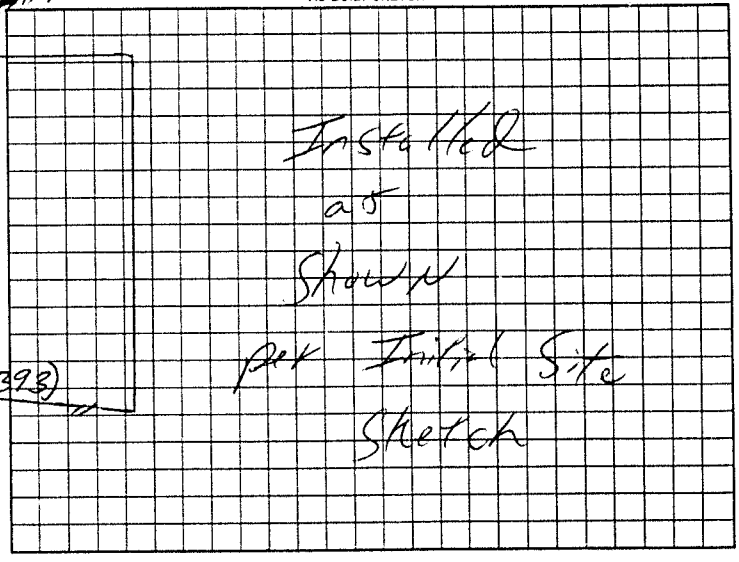
Comments/Conditions: Installed new tee in tank

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: Thomas Ramseur date 10/9/01 Installed by: Forrest Shuford

Improvement Permit by: William O. Johnson date 10/9/01 Operation Permit by: William O. Johnson date 2/6/02

Authorization to Construct by: William O. Johnson date 10/9/01 Existing System Inspection by: — date —

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