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 6/6/02

OWNER OR CONTRACTOR James Paul Gibson PHONE: Business — Home (704) 873-6941

ADDRESS 709 Mocksville Hwy Statesville, N.C. 28625

LOCATION @ 2060 Bristol Rd.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 50 x 142 SITE CLASS 95 DESIGN FLOW 240 L.T.A.R. Ex

Septic Tank: Ex. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet Ex

No. Lines Ex Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☒ Repair System Type: ☒ II ☐ III ☐ IV ☐ V ☐ VI

System Description: _____

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

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

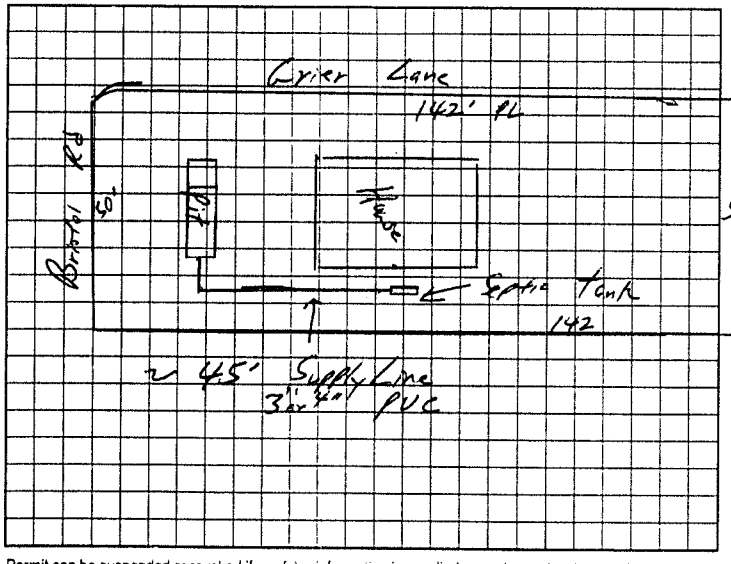
No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

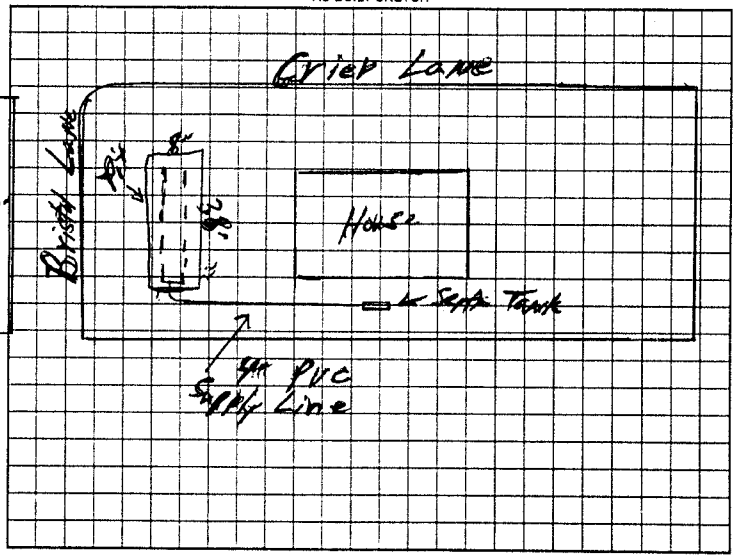
Comments/Conditions: ① Replace Supply line from Septic Tank to Pitwith 3" or 4" PVC pipe (~45'±)
(must be repaired before 7/6/02)

INITIAL SITE SKETCH



Comments/Conditions: Installed 38 ton gravel pit. Replaced supply line from pit to S.T.

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: James Paul Gibson date 6/6/02 Installed by: Union Grove Septic Co.

Improvement Permit by: William E. Johnson date 6/6/02 Operation Permit by: William E. Johnson date 6/14/02

Authorization to Construct by: William E. Johnson date 6/6/02 Existing System Inspection by: _____ date _____

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