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# 4725-23-1784 DATE 4/22/04

OWNER OR CONTRACTOR Pauline Dimas PHONE: Business — Home (704) 871-0296

ADDRESS 155 Kay Lane Statesville N.C. 28625

LOCATION Hwy 90W (past Mutcalb School) @ Kay Lane next to last House on left

SUBDIVISION CON-OAK BLOCK / SECTION — LOT 72 LOT AREA _____ SITE CLASS. P5 DESIGN FLOW 420 L.T.A.R. Ex.

Septic Tank: Ex (1000) Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 75

No Lines 3@25 Trench Width 36" Max Trench Bottom Depth — Gravel Depth 24"

☐ 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 No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

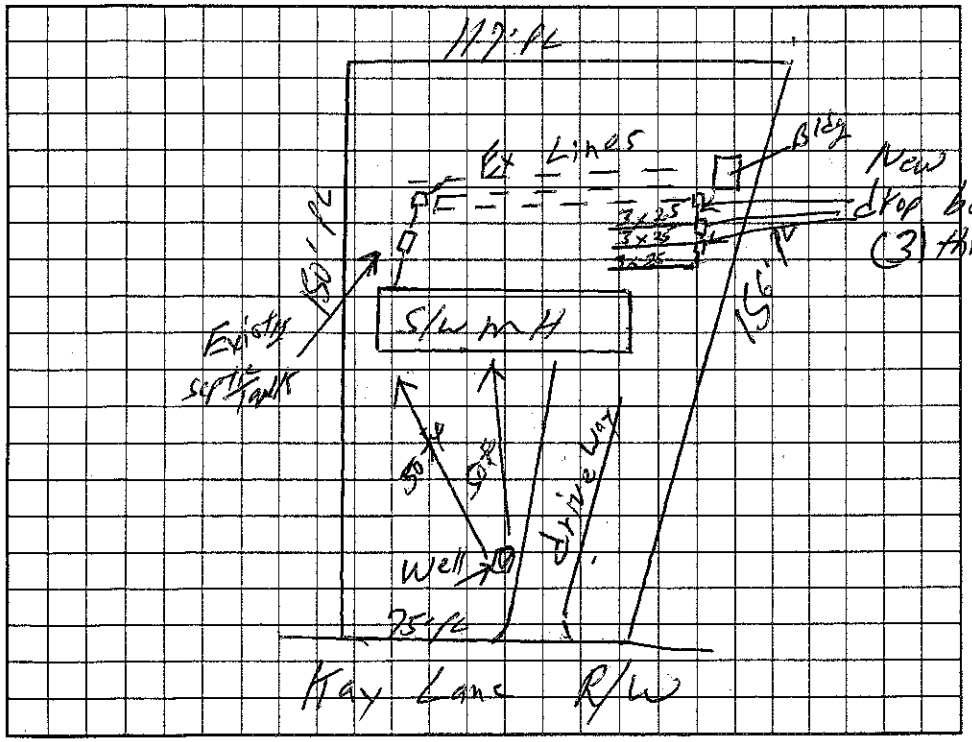
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

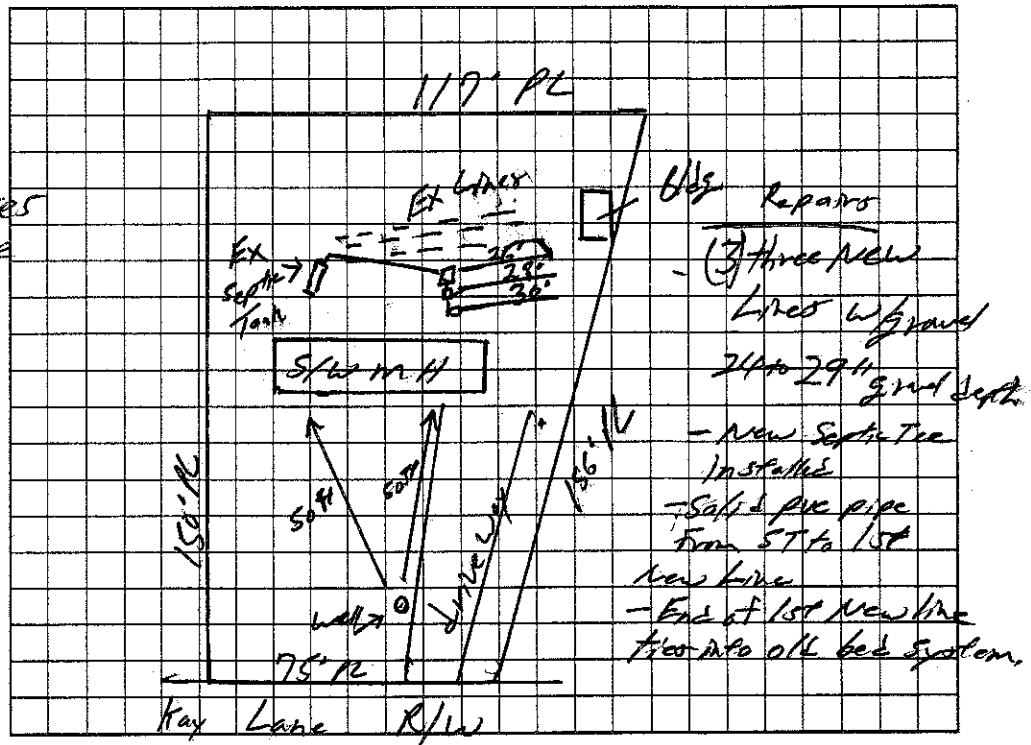
Comments:/Conditions: (1) Pump out Septic Tank (2) Add 3 lines @ 25 ft/ea with 24" of Gravel on 6 ft centers. (3) This permit serves as Notice of Violation of Article 11, Chapter 130A of N.C. General Statues, and must be

Comments:/Conditions: Repaired by of May 22 04 to permit Injunctions GS 130A-18, Penalties GS 130A-22 and/or Administrative Penalties.

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: Pauline Dimas date _____ Installed by: Esker Elder

Improvement Permit by: William O. Johnson date 4/22/04 Operation Permit by: William O. Johnson date 4/30/04

Authorization to Construct by: William O. Johnson date 4/22/04 Existing System Inspection by: _____ date _____

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