# 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# 4725-25-0006 DATE 12/4/01

OWNER OR CONTRACTOR Mrs. Thelma Adams PHONE: Business Work Rel work# (704) 871-0705 Home (704) 873-8340

ADDRESS 123 Absher Farm Loop Statesville N.C. 28625

LOCATION Taylorsville Hwy (0), (2) Absher Farm Loop 4th on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .5 Ac. 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 453 Linear Feet 151

No Lines 3 @ 45' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 18"

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

System Description: Gravity, Conventional

Repair System Description: GRAVITY, CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other ____

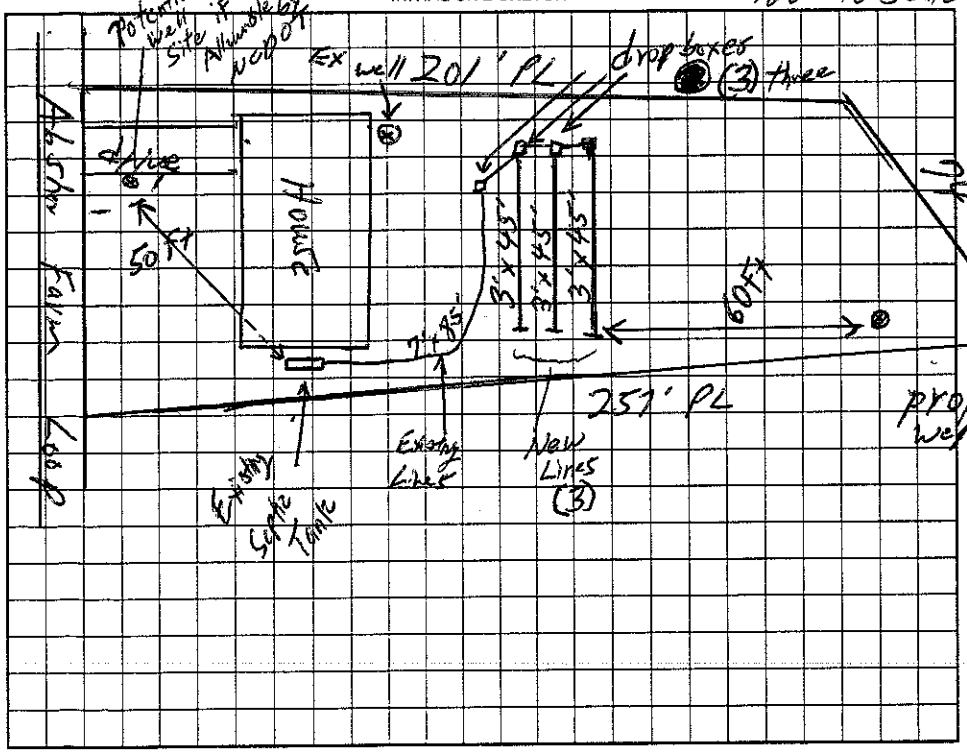
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

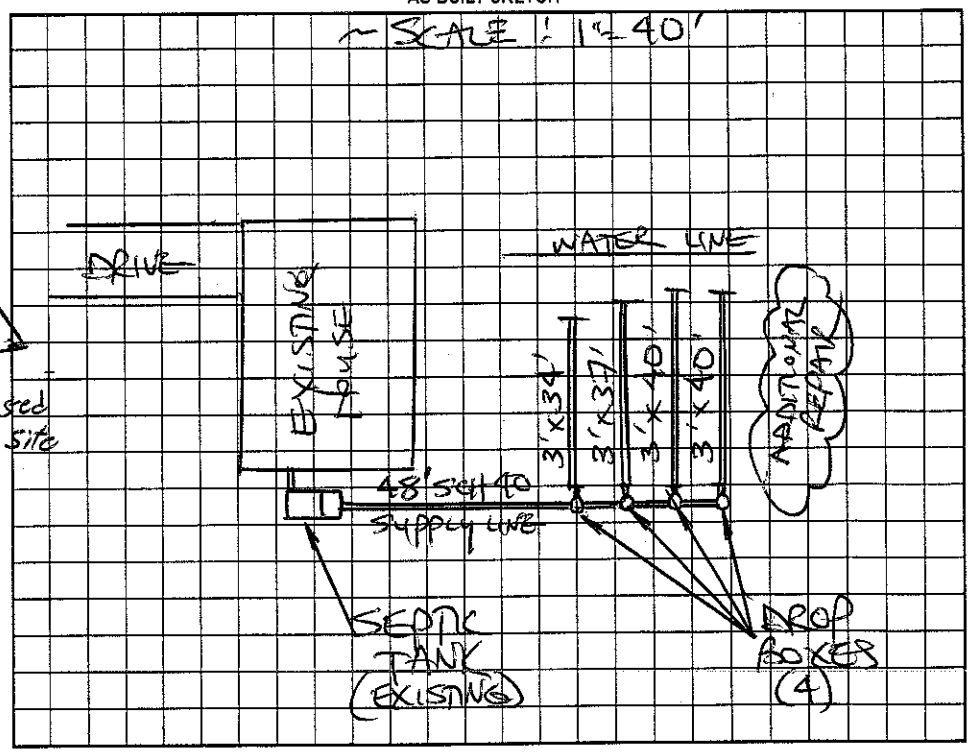
Comments:/Conditions: (1) Install three (3) Lines with drop boxes (2) Remove Maple Trees (3) Keep well minimum of 50ft from Septic System

Comments:/Conditions: NEW SANITARY TEE INSTALLED IN SEPTIC TANK. SYSTEM ACTERED AS SHOWN BELOW.

INITIAL SITE SKETCH Not to Scale




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: Thelma Adams date 12/17/01

Improvement Permit by: William O. Johnson date 12/17/01

Authorization to Construct by: William O. Johnson date 12/17/01

Installed by: WELL LYTTON STEVE HEDRICK date 9-28-05

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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