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-~~2081~~ 3040 DATE 6/23/03

OWNER OR CONTRACTOR Mike Mundwiler PHONE: Business — Home (704) 924-6930

ADDRESS 111 Absher Farm Rd Statesville N.C. 28625

LOCATION I-40 W, ® Ⓛ on Hwy 90, Ⓛ Absher Farm Loop 1st House on Left (#111 Absher Farm Loop)

SUBDIVISION — BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: Existing Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 210
No Lines 3 Trench Width 36" Max Trench Bottom Depth ____

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: ____
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 24"

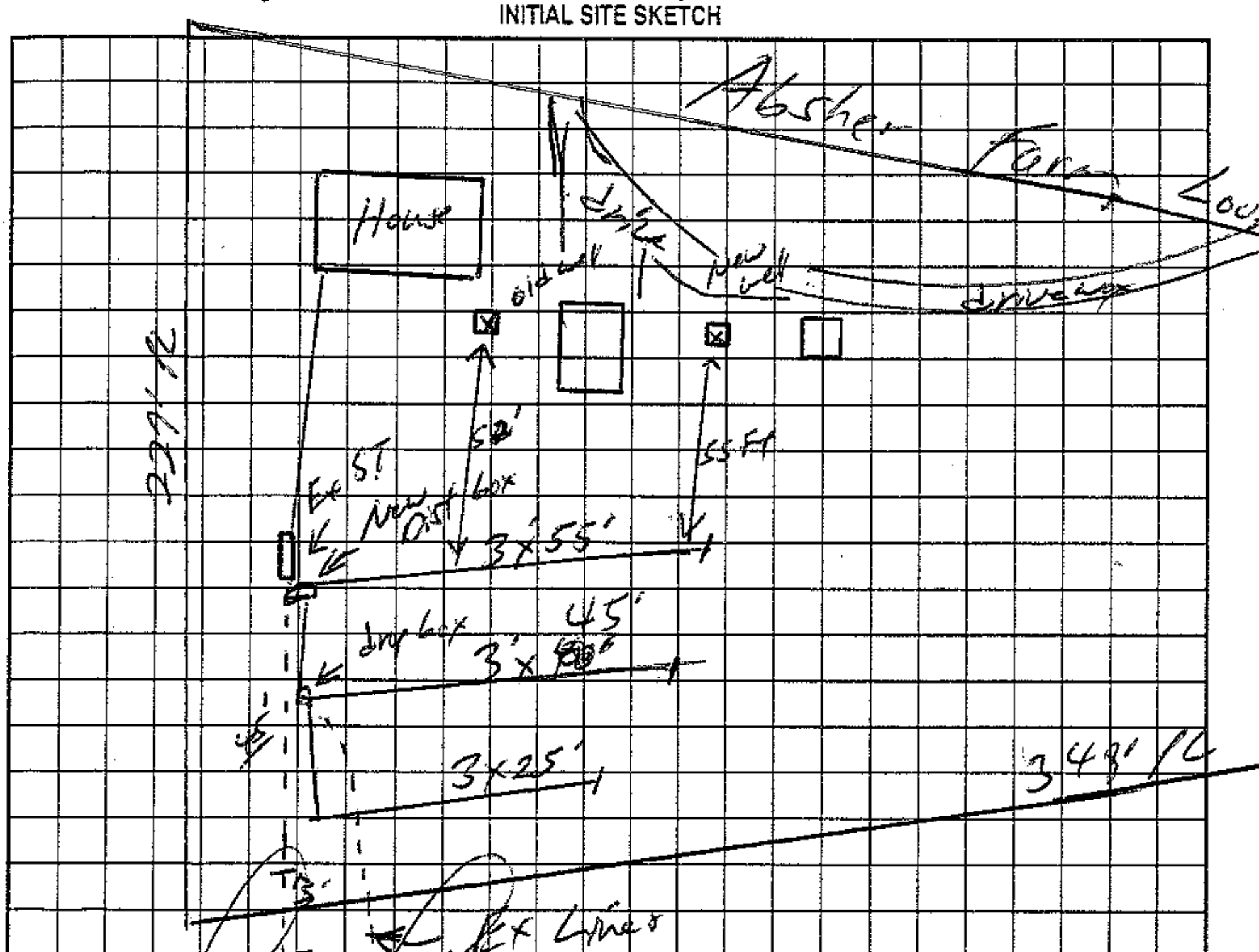
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

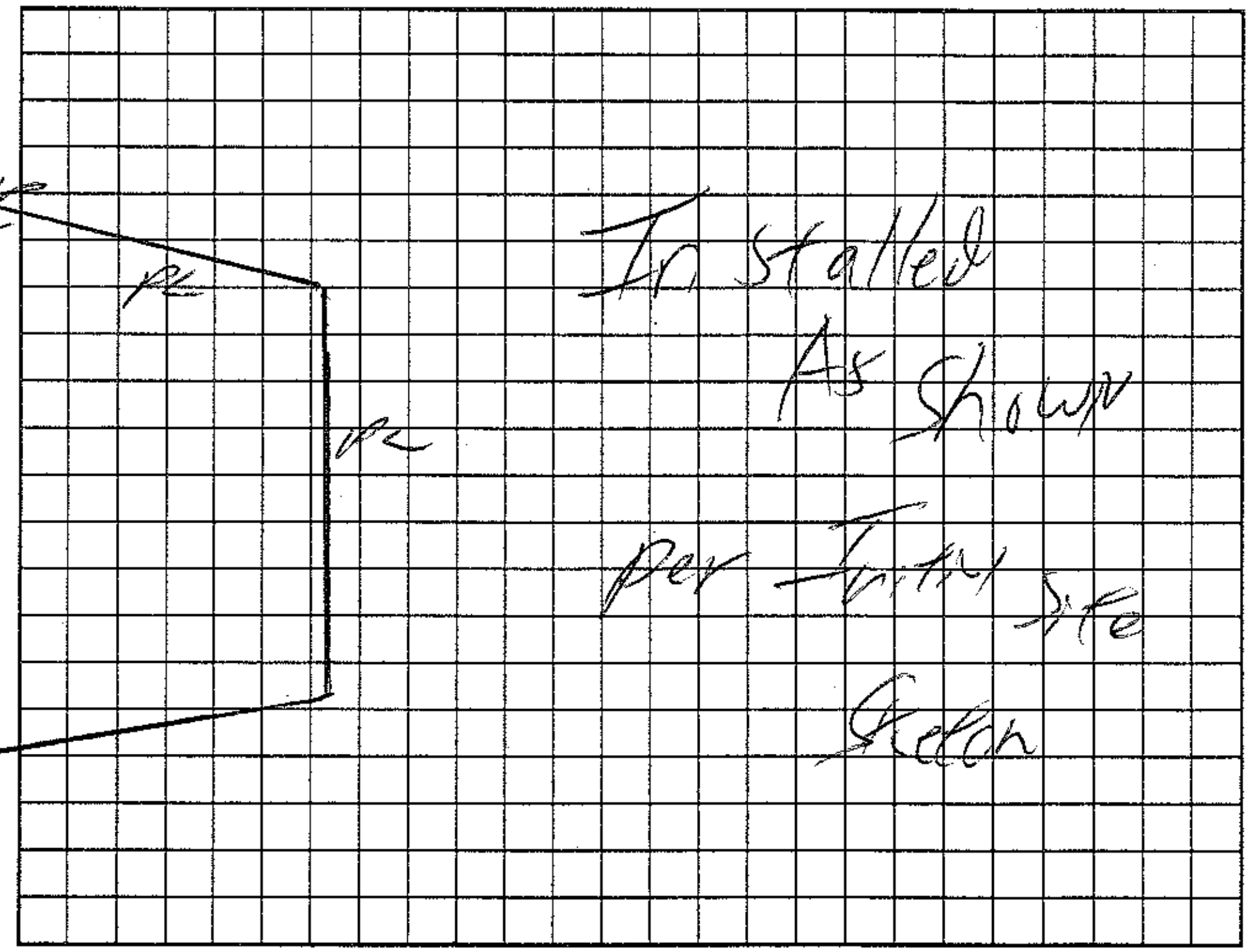
Comments:/Conditions: ① Add three Lines 55, 40, + 25 ft w/24" Gravel ② Pump-out S.T. ③ Remove maple trees (2) ③ dam up old Line 5 ft from PL + disconnect 2nd Existing Line. This permit serves as N.O.V. 30 days to repair system.

Comments:/Conditions: - disconnected old line. Ex.

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: Mike Mundwiler date 6/23/03 Installed by: Sammy Shoemaker

Improvement Permit by: William O. Johnson date 6/23/03 Operation Permit by: William O. Johnson date 8/6/03

Authorization to Construct by: William O. Johnson date 6/23/03 Existing System Inspection by: ____ date ____

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