# 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# 4725-33-2693 DATE 8-26-03

OWNER OR CONTRACTOR Fannie D. Benton PHONE: Business = Home (704) 873-8723

ADDRESS 3449 Taylorsville Hwy Statesville NC 28625

LOCATION Hwy 64 W, 1st House on left Past "Big A Auto Parts" off Taylorsville Hwy @ 3449 Taylorsville Hwy

SUBDIVISION - BLOCK / SECTION - LOT - LOT AREA 2.5 Acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Ex.

New

Septic Tank: 1000 Gallons; STB 794 Date 3-3-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____
No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

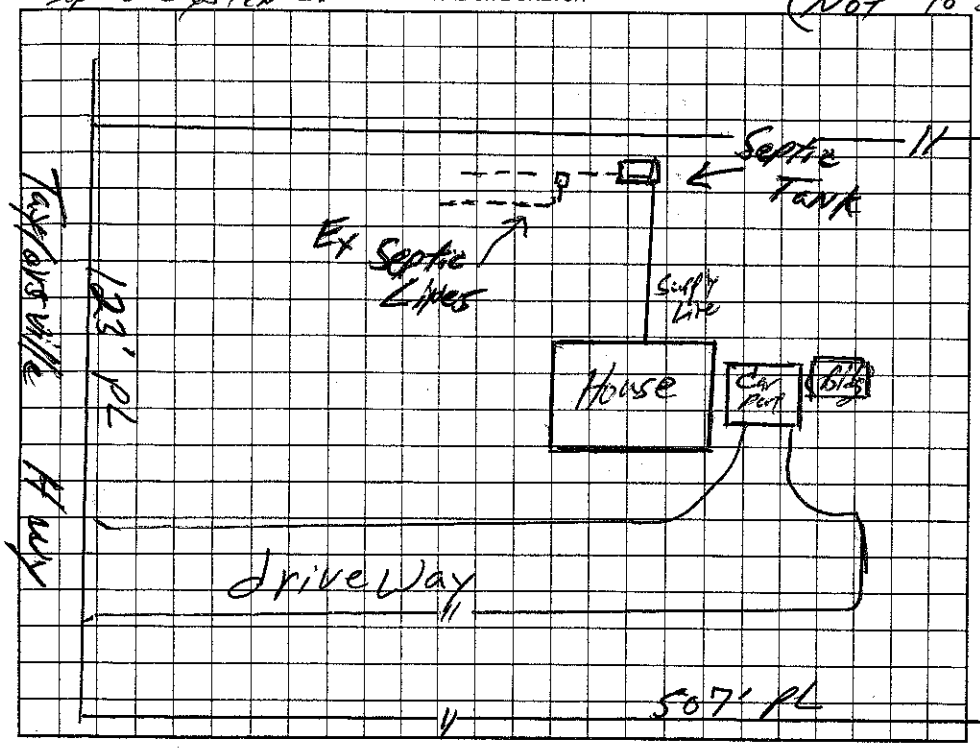
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

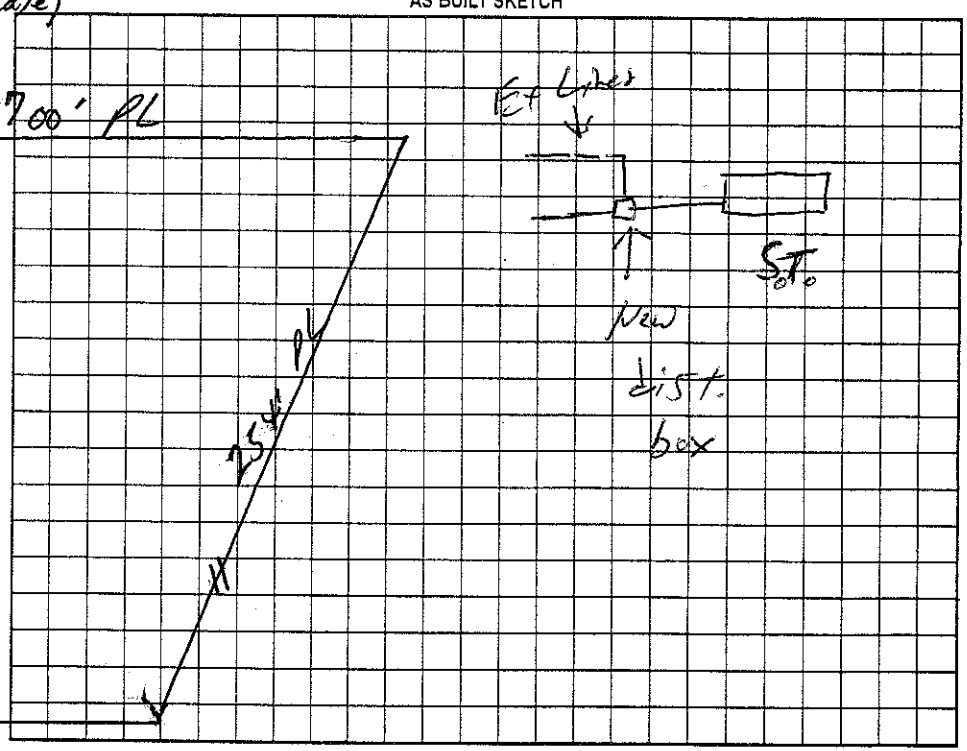
Comments:/Conditions: (1) Replace Septic Tank (Pump Chamber) & fill old Septic Tank (2) Replace & Tie new line going into existing Septic lines (3) This permit serves as Notice of Violation owner has 30 days to repair Septic System.

Comments:/Conditions:
- Replaced Tank

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: Fannie D. Benton date ____ Installed by: Wes Lytton

Improvement Permit by: William O. Johnson date 8-26-03 Operation Permit by: William O. Johnson date 10/3/03

Authorization to Construct by: William O. Johnson date 8-26-03 Existing System Inspection by: ____ date ____

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