IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT SERVES AS NOTICE OF VIOLATION

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# REPAIR PIN# DATE 4-5-99

OWNER OR CONTRACTOR WAYNE & ADA SHARPE PHONE: Business Home 881-0920

ADDRESS 115 MANLEY LANE STATESVILLE, NC 28625

LOCATION NC 90 WEST, TR MONTICELLO DRIVE, TR MANLEY LANE, ON RIGHT AT BOX #115

SUBDIVISION BLOCK / SECTION LOT LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 150

No Lines ONE Trench Width 36" Max Trench Bottom Depth 48"

☐ New System ☑ Repair System Type: I II III IV V VI

System Description: CONV. GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 24"

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

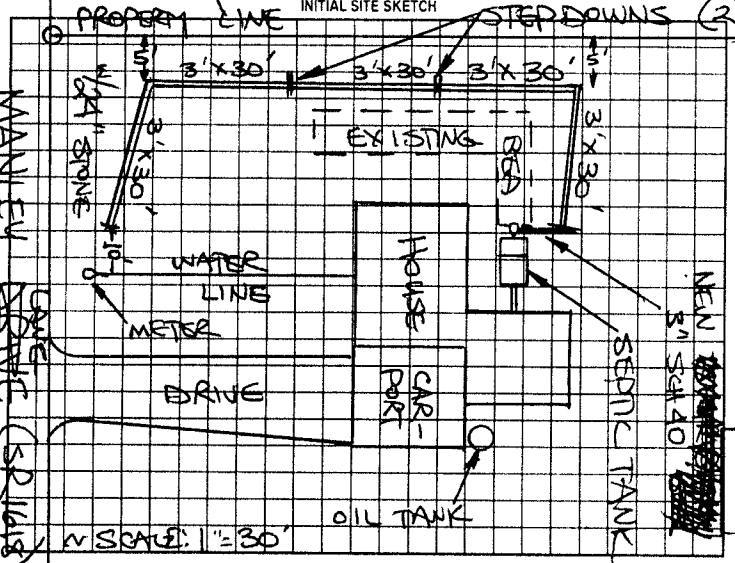
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

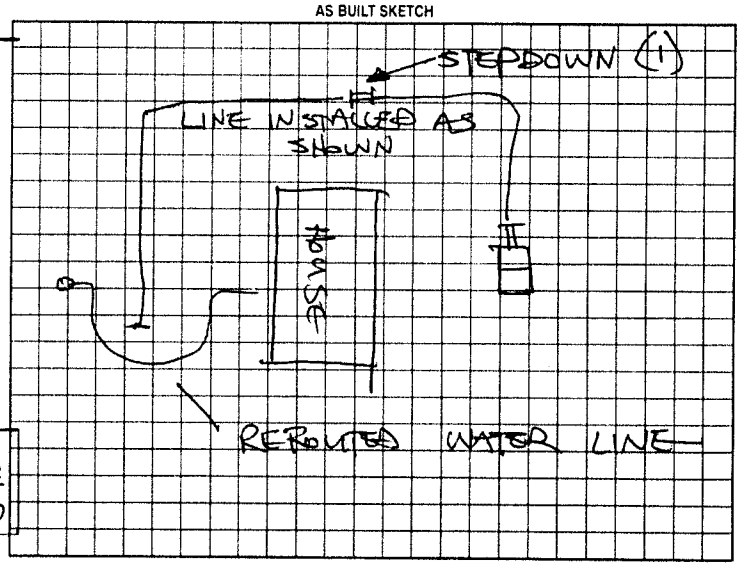
Comments/Conditions: ① INSTALL NEW 3' X 150' LINE USING 24 INCHES STONE ② PUMP-OUT SEPTIC TANK AND REPLACE SANITARY TEE IF NECESSARY

Comments Conditions

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: Wayne Sharpe date 4-4-99 Installed by: JAMES HUDLER

Improvement Permit by: STEVE HEDRICK date 4-5-99 Operation Permit by: STEVE HEDRICK date 5-27-99

Authorization to Construct by: STEVE HEDRICK date 4-5-99 Existing System Inspection by: date

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