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 95 5806 DATE 10-16-2001

OWNER OR CONTRACTOR MERRY JANE DILLMAN PHONE: Business (704) 883-0200 Home (704) 878-6061

ADDRESS 148 MONTICELLO DR STATESVILLE NC 28677

LOCATION NC 115 N, TL OLD WILKESBORO RD, TL MONTICELLO DR, HOUSE ON RIGHT AT #148

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.41 ACRE SITE CLASS PS1 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' EXISTING

No Lines THREE ? Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"+

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

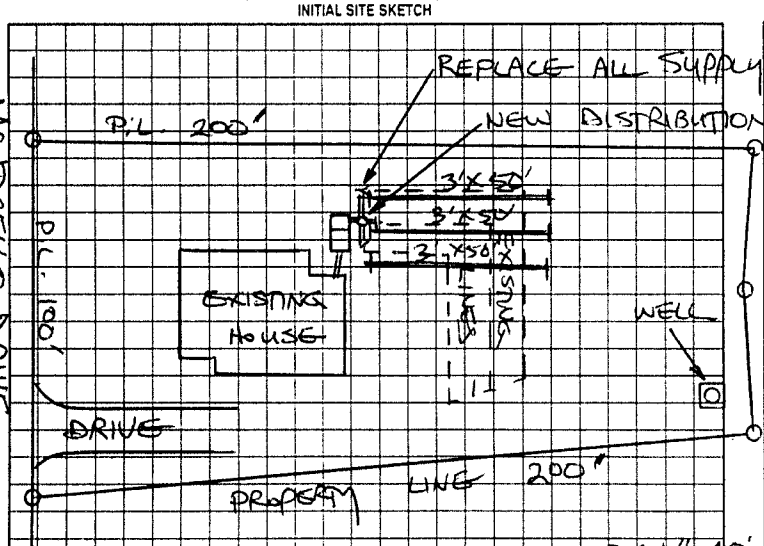
No. Bedrooms 3 No. Bathrooms 1 No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: REPLACE EXISTING DISTRIBUTION BOX AND ALL SUPPLY LINES AS SHOWN ② INSTALL NEW 3'X 50' LINES AS SHOWN KEEPING 50' FROM WELL

Comments/Conditions: NEW SANITARY TEE INSTALLED IN SEPTIC TANK

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: X Merry Dillman date 10-16-01 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 10-16-2001 Operation Permit by: STEVE HEDRICK date 10-19-01

Authorization to Construct by: STEVE HEDRICK date 10-16-2001 Existing System Inspection by: _____ date _____

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