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# 4721-81-0046 DATE 5/29/02

OWNER OR CONTRACTOR Larry R & Gertrude Taylor PHONE Business — Home 704-876-1235

ADDRESS 2694 NC 115 North Hwy Statesville NC 28625-8751

LOCATION NC 115 North, 2nd Brick House on right past Fourth Creek & box # 2694

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.0 ± Acres SITE CLASS. IS DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: 4000 Gallons: STB 1007 Date 3-26-02

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model Eg-To Serial No. ____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36

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

System Description: ____

Repair System Description 25% Reduction System

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

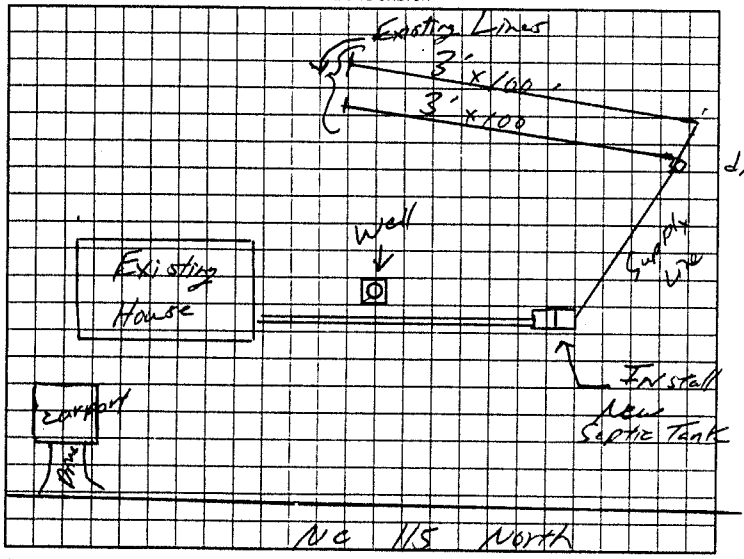
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Replace existing block Tank with New 4,000 gallon Septic Tank

Comments/Conditions: Taylor Filter Installed – Septic Tank marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

System Repaired as by 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: Larry R. Taylor date 5/29/02 Installed by James Hudler

Improvement Permit by: William O. Johnson date 5/29/02 Operation Permit by: William O. Johnson date 5/29/02

Authorization to Construct by: William O. Johnson date 5/29/02 Existing System Inspection by: ____ date ____

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