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# 4727 81 0046 DATE 4-5-02

OWNER OR CONTRACTOR LARRY R & GERTRUDE TAYLOR PHONE: Business _____ Home 704-876-1235

ADDRESS 2694 WILKESBORO HWY STATESVILLE, NC 28625-8751

LOCATION NC 115 NORTH 2ND BRICK HOUSE ON RIGHT PAST FOURTH CREEK AT BOX #2694

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.08 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING 0.3

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 810 Linear Feet 200

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: 25% REDUCTION GRAV

Maintenance Agreement Required: ☐ Yes ☑ NO

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

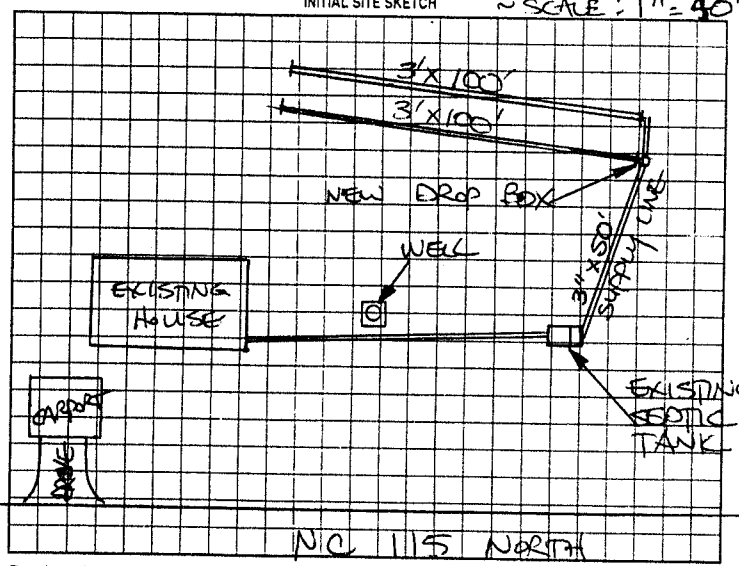
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

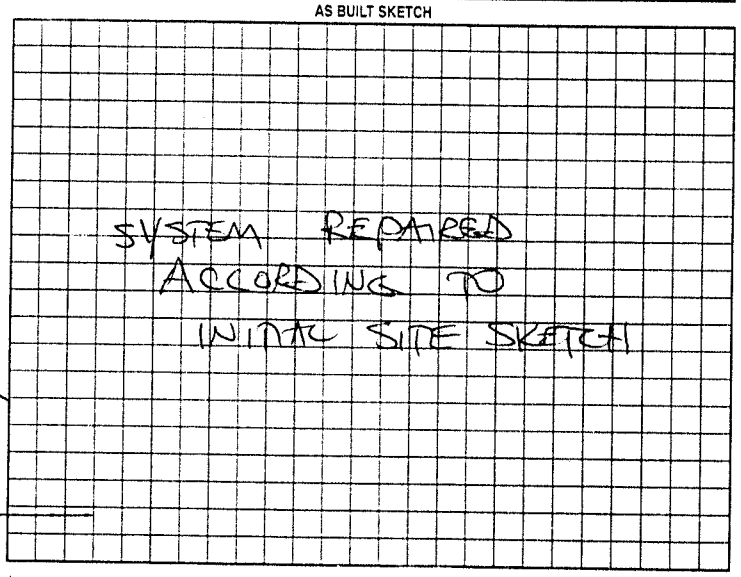
Comments/Conditions: ① INSTALL NEW SANITARY TEE IN SEPTIC TANK ② INSTALL 25% REDUCTION SYSTEM USING 34 CHAMBERS OR 20 HDS SECTIONS

Comments/Conditions:

INITIAL SITE SKETCH ~ SCALE: 1" = 40'



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: Larry R. Taylor date 4-5-02

Improvement Permit by: STEVE HEDRICK date 4-5-02

Authorization to Construct by: STEVE HEDRICK date 4-5-02

Installed by: JAMES HYDER

Operation Permit by: STEVE HEDRICK date 4-8-02

Existing System Inspection by: _____ date _____

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