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# 4729-04-8351 DATE 4-12-02

OWNER OR CONTRACTOR CARL FREDRICK PROFFITT PHONE: Business _____ Home _____

ADDRESS 819 MIDWAY DRIVE STATESVILLE, NC 28625

LOCATION NC 115 NORTH TL COUNTRY LIFE DRIVE, 3RD LOT ON RIGHT

SUBDIVISION COUNTRY LIFE Est. BLOCK / SECTION _____ LOT 22 LOT AREA 0.51 ACRE 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 480 Linear Feet 160

No Lines TWO Trench Width 36" Max Trench Bottom Depth _____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 18"

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

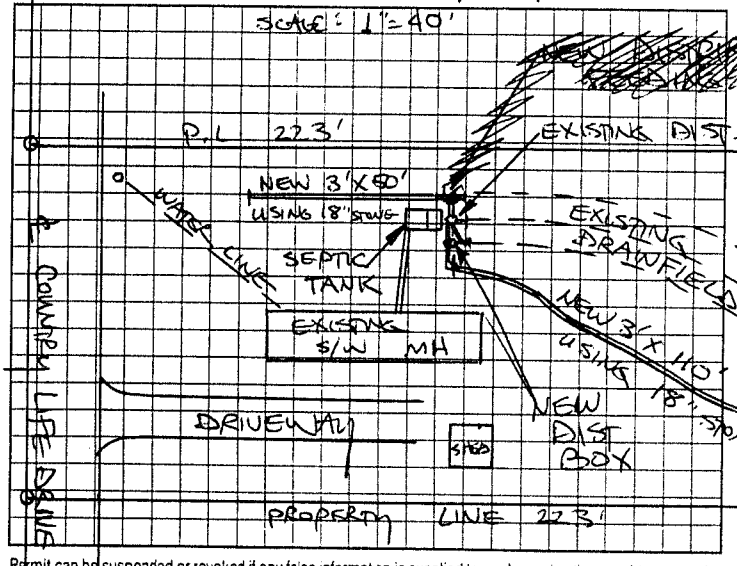
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

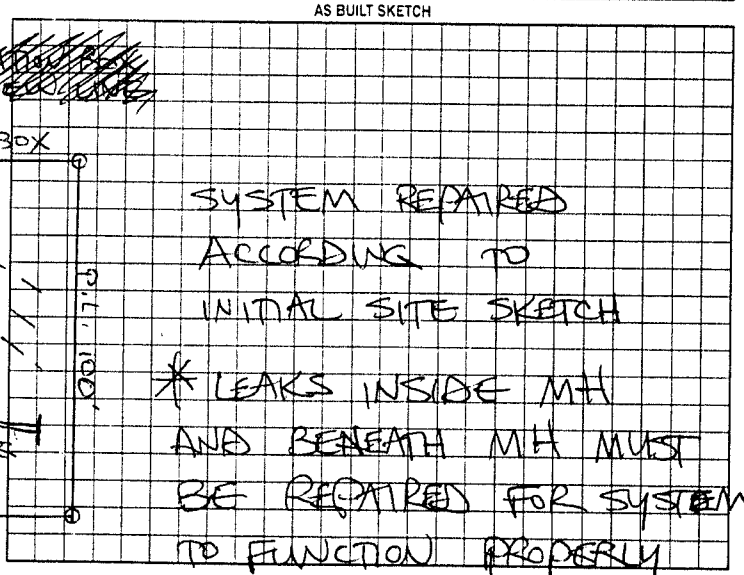
Comments/Conditions: ① INSTALL TWO NEW LINES AS SHOWN AS SHALLOW AS POSSIBLE USING 18" STONE ② THIS PERMIT SERVES AS "NOTICE OF VIOLATION" SYSTEM TO BE REPAIRED BY MAY 13, 2002

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



SYSTEM REPAIRED ACCORDING TO INITAL SITE SKETCH

* LEAKS INSIDE MH AND BENEATH MH MUST BE REPAIRED FOR SYSTEM TO FUNCTION PROPERLY

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 Billy Proffitt date 4/12/02 Installed by JAMES HUDLER

Improvement Permit by: STEVE HENDRICK date 4-12-02 Operation Permit by: STEVE HENDRICK date 5-7-02

Authorization to Construct by: STEVE HENDRICK date 4-12-02 Existing System Inspection by: _____ date _____

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