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# 4729-16-1873 DATE 8-16-04

OWNER OR CONTRACTOR LINDSEY SUMMERS PHONE: Business (704) 876-2195 Home (704) 872-4300

ADDRESS 157 FIELD & STREAM LANE STATESVILLE 28625

LOCATION HWY 115N SITE AT CORNER OF HWY 115 & HAMS GROVE CHURCH ROAD (3976 WILKESBORO HWY)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 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 800 Linear Feet 270'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

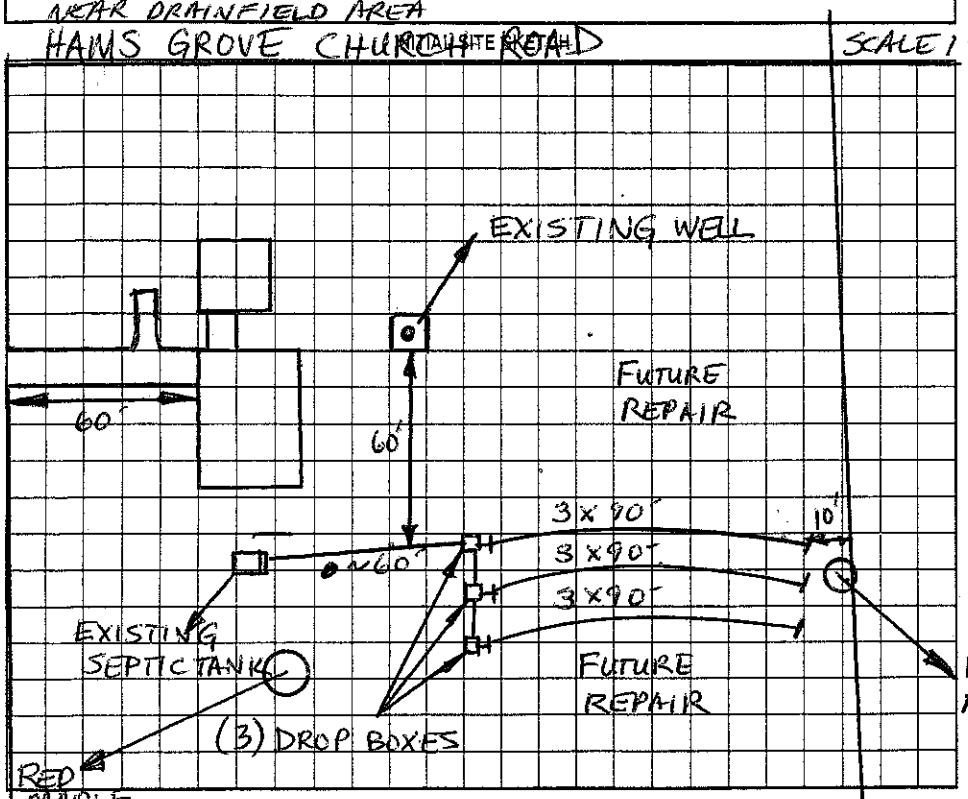
☐ New System ☑ Repair System Type: I, (II), III, IV, V, VI
System Description: _____
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ① PUMP EXISTING TANK & INSTALL FILTER ② INSTALL LINES ON CONTOUR ③ MAINTAIN SETBACKS ④ RECOMMEND REMOVAL OF LARGE RED MAPLE TREES NEAR DRAINFIELD AREA

Comments:/Conditions: Trees Not removed at time of Inspection



AS BUILT SKETCH

Installed As Shown per 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: Lindsey Summers date 8-17-04 Installed by: Sammy Shoemaker

Improvement Permit by: Christopher M. Shiflett, RC date 8-16-04 Operation Permit by: William B. Johnson date 8/20/04

Authorization to Construct by: Christopher M. Shiflett, RS date 8-16-04 Existing System Inspection by: _____ date _____

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