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# 4731-17-4545 DATE 4-22-04

OWNER OR CONTRACTOR Mike Todd PHONE: Business — Home (704) 528-1136

ADDRESS 349 E. Monbo Rd Statesville N. C. 28677

LOCATION Hwy 21 S, (R) Old Mtn. Rd, (L) Monbo Rd Blue House on left @ 349 E. Monbo Rd.

SUBDIVISION — BLOCK / SECTION ___ LOT ___ LOT AREA 1.6 Ac. SITE CLASS. P5 DESIGN FLOW 240 L.T.A.R. Ex

Septic Tank: Existing 1,000 Gallons; STB 794 Date 1-4-04

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet Ex Linear Feet Ex

No Lines Ex Trench Width Ex Max Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: ___

Repair System Description: Gravity, Conv.

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

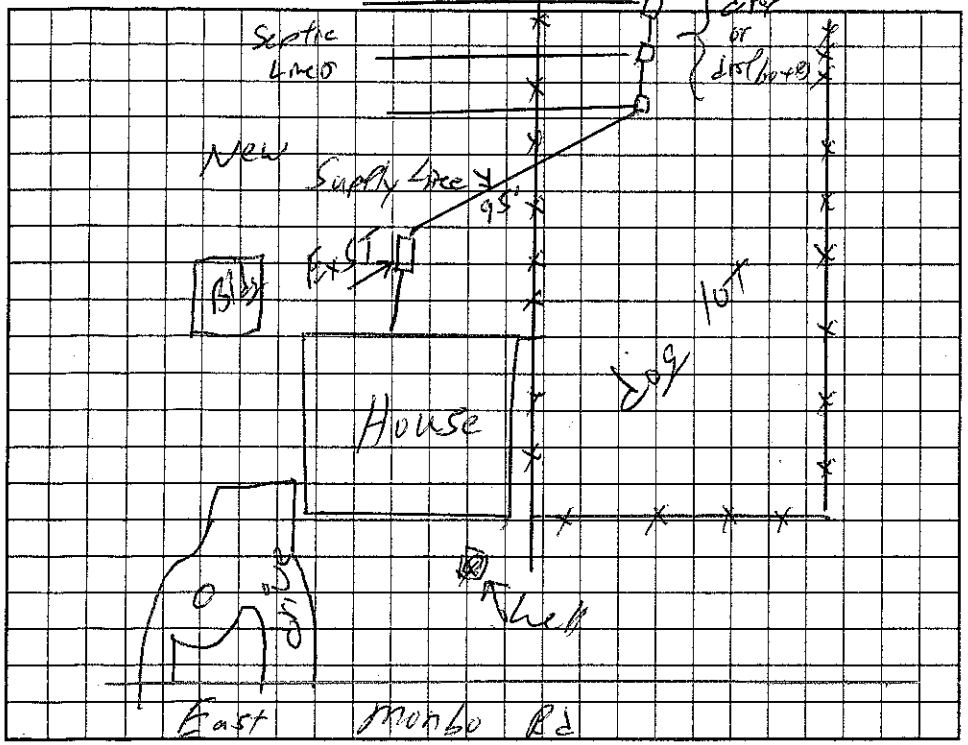
Comments/Conditions:

(1) Replace ≈95' of Supply Line from Septic Tank to Existing Septic Lines (2) Check drop boxes or dist boxes to insure proper function. (3) Pump out Septic Tank.

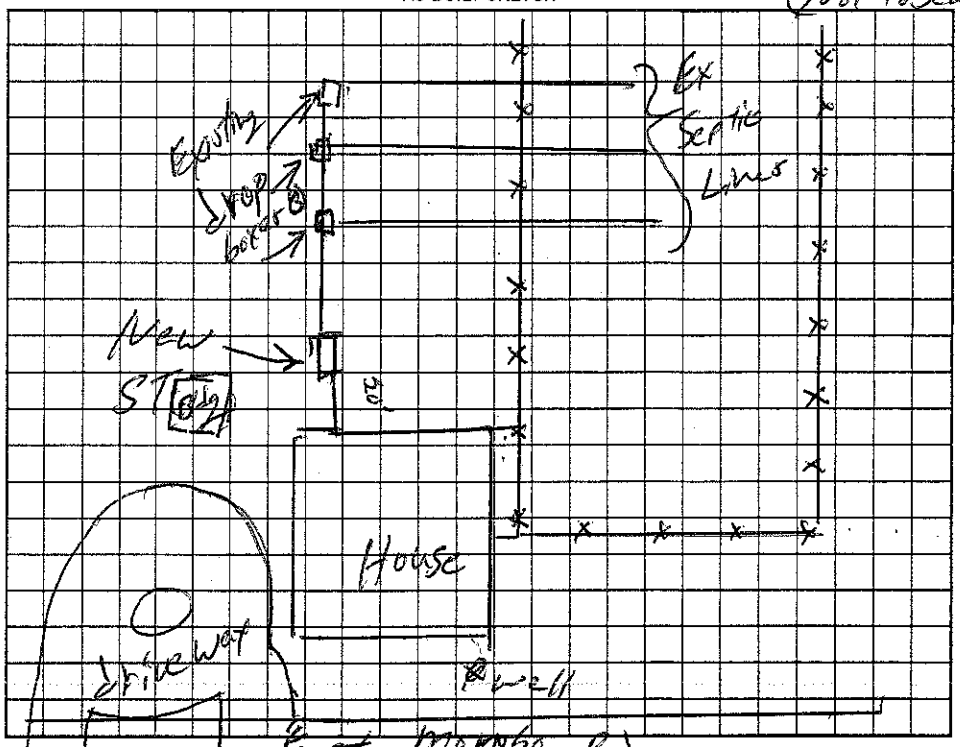
Comments/Conditions:

(1) Replaced Septic Tank (old ST was broken) New 1,000 gal ST 794 1-4-04 with Septic Tank risers and 1 poly tank Filter

INITIAL SITE SKETCH



AS BUILT SKETCH (Not to Scale)



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: [signature] date 4/22/04 Installed by: Lance Lingle

Improvement Permit by: William O. Johnson date 4/22/04 Operation Permit by: William O. Johnson date 5/6/04

Authorization to Construct by: William O. Johnson date 4/22/04 Existing System Inspection by: ___ date ___

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