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# 4735-05-7838 DATE 5-6-03

OWNER OR CONTRACTOR TIM ANDREWS PHONE: Business c/o 704-902-0709 Home 704-883-8333

ADDRESS 115 RACHEL LANE STATESVILLE NC 28625

LOCATION NC 115 N TL OLD WILKESBORO, TL BRADLEY FARM, TR SARA, TR RACHEL ON LEFT AT #115

SUBDIVISION COUNTRY LANDING BLOCK / SECTION ____ LOT 9 LOT AREA 0.63 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36+ Gravel Depth 24"

☐ 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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

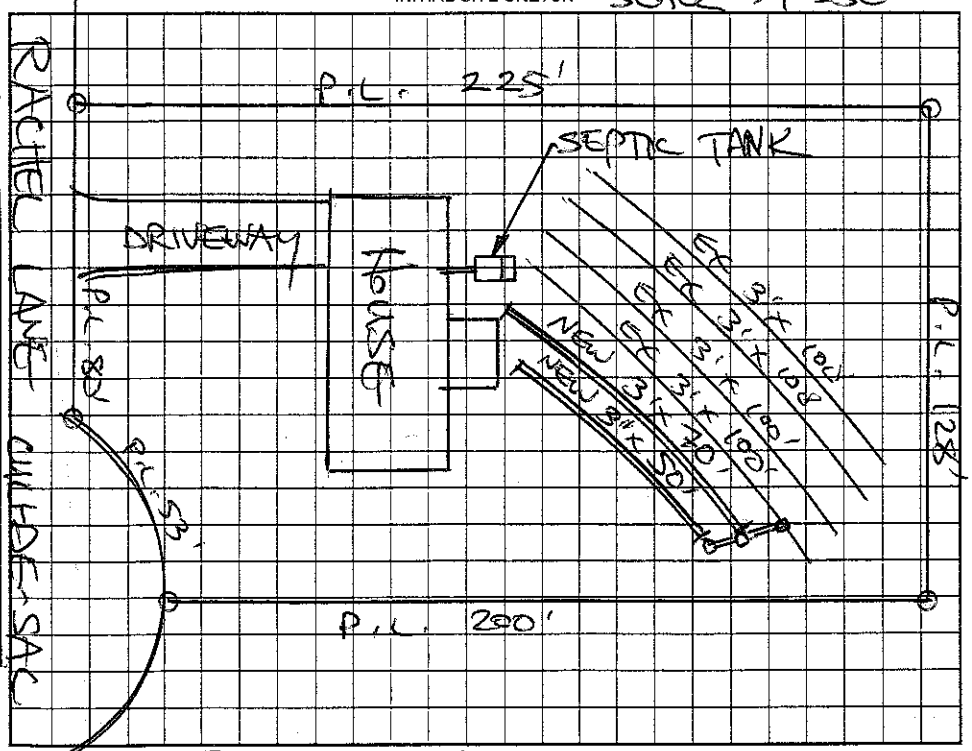
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1"=50'



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL 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: ____ date 5-6-03 Installed by: JAMES HUBER

Improvement Permit by: STEVE HEDRICK date 5-6-03 Operation Permit by: STEVE HEDRICK date 4-23-04

Authorization to Construct by: STEVE HEDRICK date 5-6-03 Existing System Inspection by: ____ date ____

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