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# 4935161309 DATE 4/26/01

OWNER OR CONTRACTOR Danny Mahaffey PHONE: Business — Home (704) 878-2421

ADDRESS 1926 Old Wilkesboro Hwy Statesville N.C. 28625

LOCATION Hwy 115 N, (2) on old Wilkesboro Hwy, ½ mile on right.

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing 1,000 Gallons: STB ____ Date —

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 260

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: Gravity, Conv.

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other ____

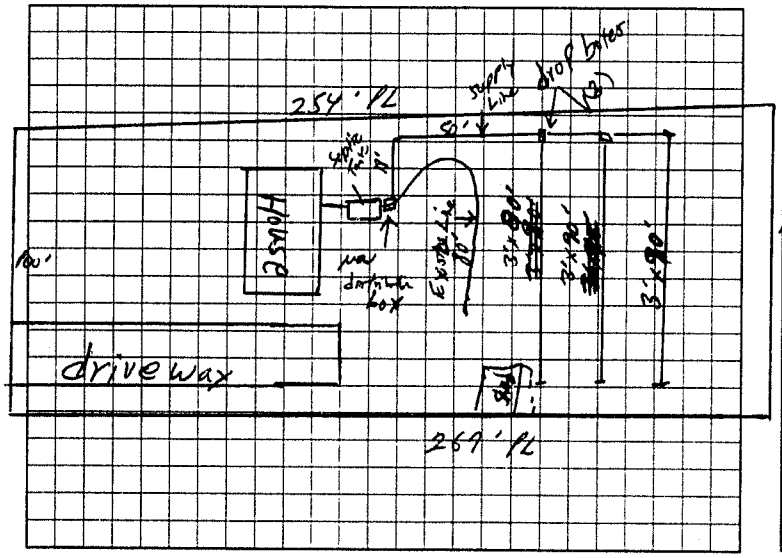
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

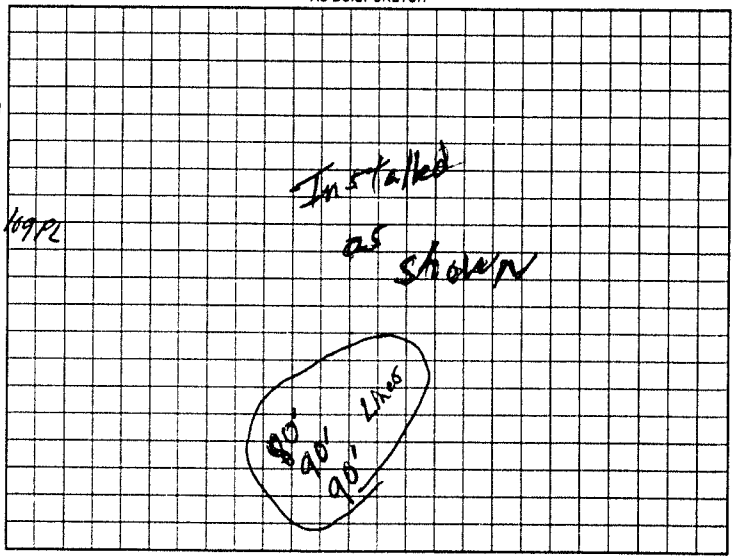
Comments/Conditions: (1) Add new distribution box to connect old + new lines (2) New lines installed on contour with drop boxes

Comments/Conditions: Sanitary Tee okay, Not Replaced.

INITIAL SITE SKETCH



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: Danny L Mahaffey date 4-26-01

Improvement Permit by: William C Johnson RSI date 4/26/01

Authorization to Construct by: William C Johnson RSI date 4/26/01

Installed by: A-1 Backhoe

Operation Permit by: William C Johnson date 6/14/01

Existing System Inspection by: ____ date ____

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