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# 4743 06 6052 DATE 4-5-02

OWNER OR CONTRACTOR MARJORIE POTEAT PHONE: Business MATT CASH 704-902-2820 Home 704-873-9971

ADDRESS 1919 SHELTON AVE STATESVILLE NC 28687

LOCATION US 21 SOUTH, TL AMITY HILL ROAD, 5TH HOUSE ON RIGHT AT BOX # 2028

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.56 ACRES 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 450 Linear Feet 150
No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

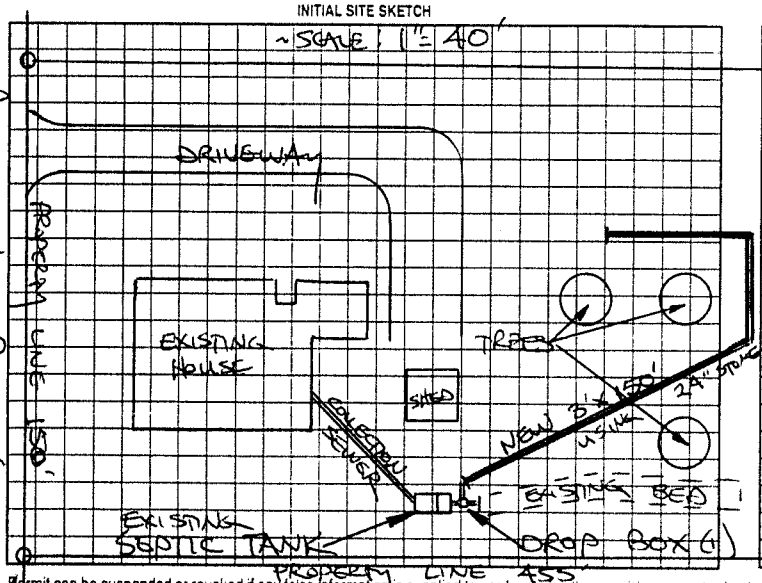
☑ House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① INSTALL NEW SANITARY TEE IN SEPTIC TANK ② INSTALL NEW DROP BOX FEEDING NEW LINE FIRST ③ INSTALL NEW 3" x 150' LINE AS SHOWN USING 24" STONE

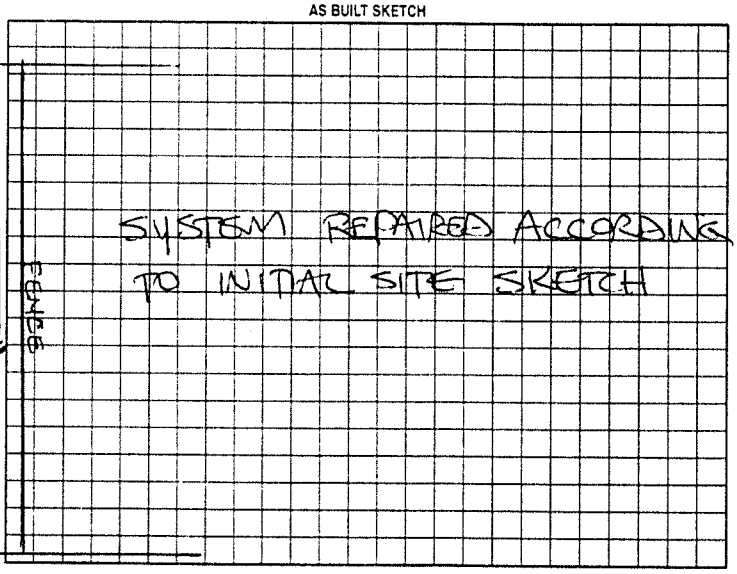
Comments/Conditions:

INITIAL SITE SKETCH



AMITY HILL ROAD (SR2342)

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: + Marjorie Poteat date 4-5-2002 Installed by: KELLY WELBORNE

Improvement Permit by: STEVE HEDRICK date 4-5-02 Operation Permit by: STEVE HEDRICK date 4-10-02

Authorization to Construct by: STEVE HEDRICK date 4-5-02 Existing System Inspection by: _____ date _____

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