IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT SERVES AS "NOTICE OF VIOLATION"

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# REPAIR PIN# 4743-68-3315 DATE 7-29-00

OWNER OR CONTRACTOR KATIE HARRINGTON PHONE: Business _____ Home 924-7674

ADDRESS 115 W. RALEIGH AV., STATESVILLE NC 28677

LOCATION GARNER BAGNEL BLVD, TO WALL STREET, HOUSE ON RIGHT AT #1234

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

NEW Septic Tank: 1000 Gallons; STB 312 Date 7-15-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 690' Linear Feet 230'
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 38" Gravel Depth 18"

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

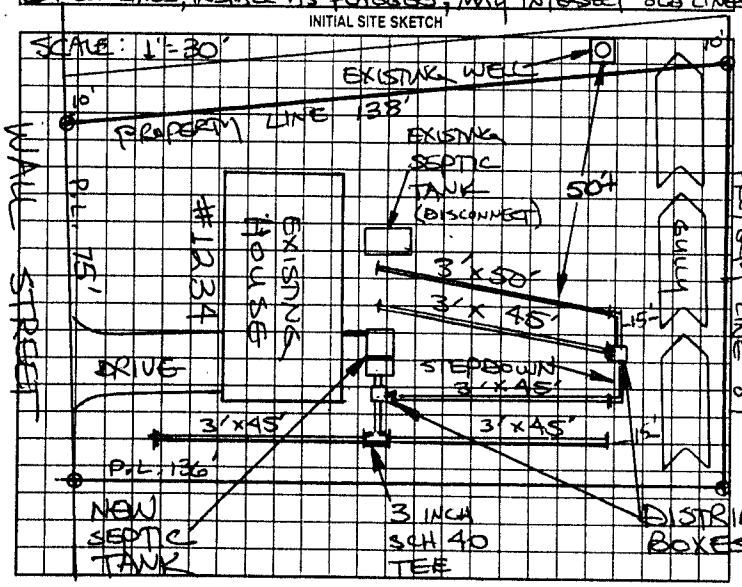
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☑ Community WELL

Comments/Conditions: ① SYSTEM TO BE REPAIRED PRIOR TO OCCUPANCY OF HOUSE ② INSTALL NEW SEPTIC TANK AS SHALLOW AS POSSIBLE AND TIE ALL PLUMBING INTO NEW TANK ③ NEW LINES, INSTALL AS FLAGGED, MAY INTERSECT OLD LINES.

Comments/Conditions: SEPTIC TANK W/ RISERS AND MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO 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: ~~Katie~~ Harrington date 8-14-00 Installed by: BARRY SIGMON

Improvement Permit by: STEVE HEDRICK date 7-29-00 Operation Permit by: STEVE HEDRICK date 8-24-00

Authorization to Construct by: STEVE HEDRICK date 7-29-00 Existing System Inspection by: _____ date _____

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