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# 4746-64-7071 DATE 2/10/04

OWNER OR CONTRACTOR Ruby Rabon PHONE: Business — Home (704) 876-4903

ADDRESS 135 Robin Hood Loop Statesville N.C 28625

LOCATION Hwy 21 N to Jane Sowers Rd, to on Robinhood Loop 6th House on Left

SUBDIVISION Sherwood Forest BLOCK / SECTION ____ LOT 11 LOT AREA — SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank: 1,000 Gallons; STB 760 Date 8-24-03
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 —

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Ex
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____

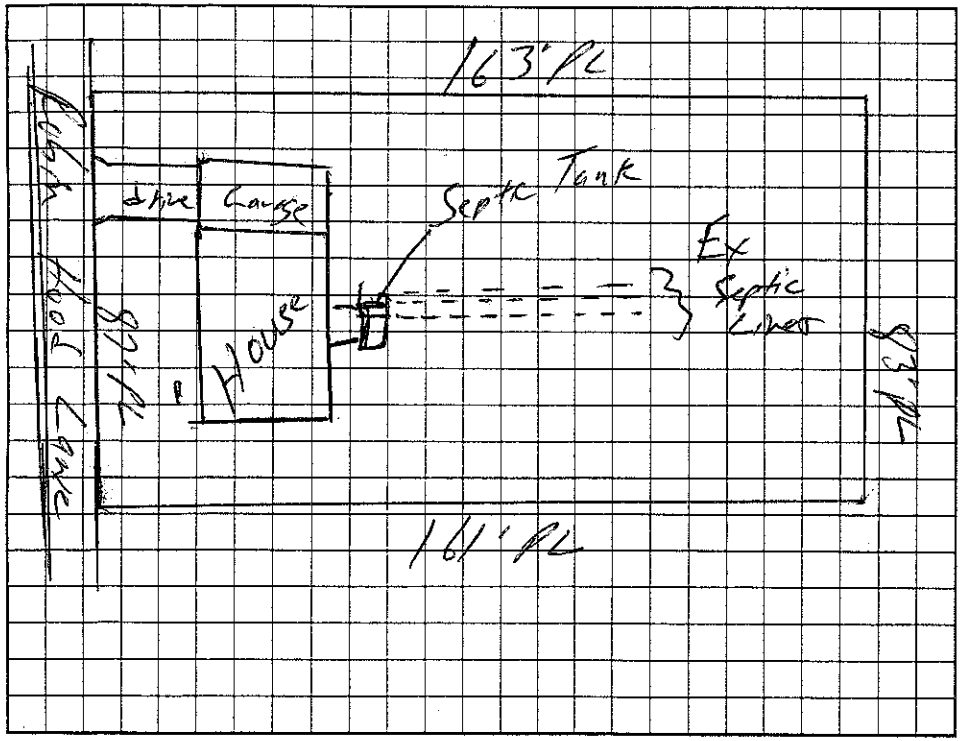
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

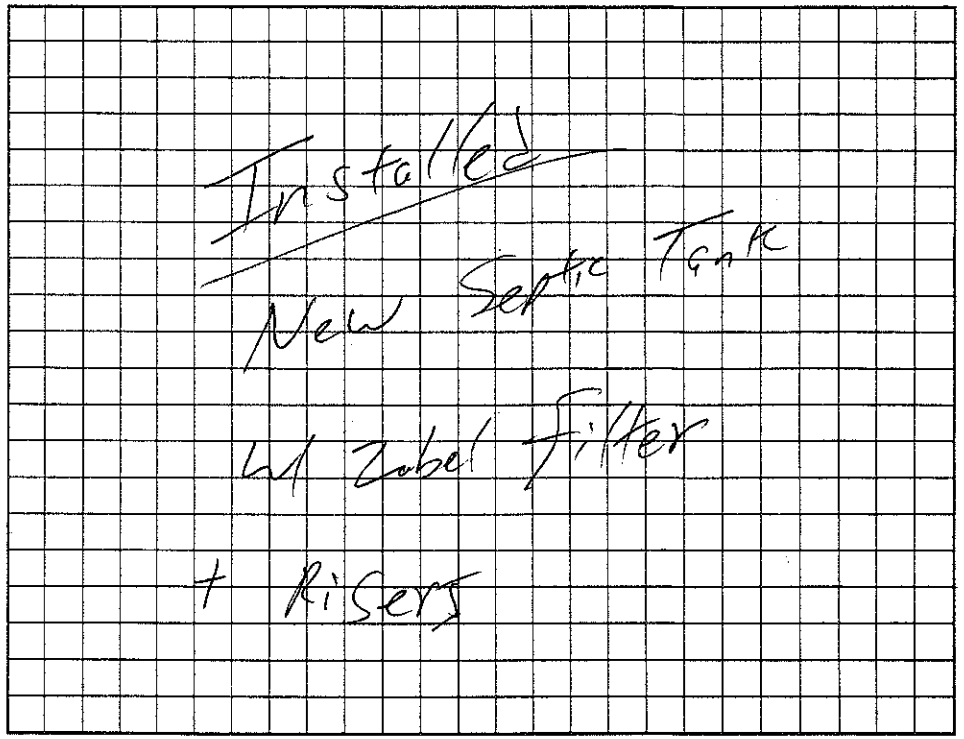
Comments:/Conditions:
(1) Pump out Septic Tank Crush old Tank,
(2) Replace with new Septic Tank as shown
(3) This permit Void as N.O.V. 30 days to replace Septic Tank

Comments:/Conditions:

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: Ruby B. Rabon date 2-12-04 Installed by: Brent Gallimore

Improvement Permit by: William O. John date 2/10/04 Operation Permit by: William O. John date 2/24/04

Authorization to Construct by: William O. John date 2/10/04 Existing System Inspection by: ____ date ____

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