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# 4746-73-1722 DATE 5-12-04

OWNER OR CONTRACTOR Roy B. CRONCE PHONE: Business 704-878-6663 EXT. 8593 Home 704-876-0279

ADDRESS 154 ROBINHOOD Loop, STATESVILLE, NC 28625

LOCATION US 21 NORTH TR JANE SOWERS RD, TL ROBINHOOD LOOP, HOUSE ON RIGHT AT #154

SUBDIVISION SHERWOOD FOREST BLOCK / SECTION ____ LOT 23-24 LOT AREA 187 x 202 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 420 Linear Feet 140

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18

☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

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Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

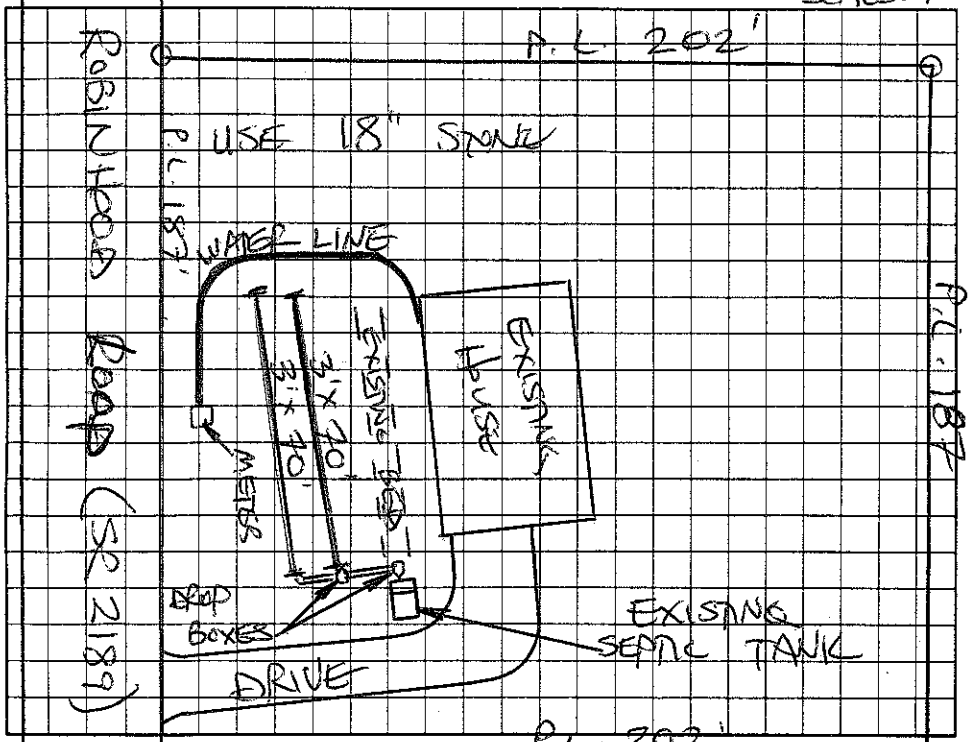
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① REROUTE EXISTING WATER LINE AS SHOWN ② INSTALL TWO NEW DROP BOXES AS SHOWN ③ INSTALL TWO NEW 3' x 70' LINES USING 18" STONE ④ THIS PERMIT SERVES AS "NOTICE OF VIOLATION" SYSTEM TO BE REPAIRED BY 6-12-04.

Comments:/Conditions: ① UPPER MAINLINE INSPECTED 6-2-04 ② NEW SANITARY TEE INSTALLED IN TANK

INITIAL SITE SKETCH

SCALE: 1"=50'



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: [signature] date 5-12-04 Installed by: WAYNE CLONTZ

Improvement Permit by: STEVE HEDRICK date 5-12-04 Operation Permit by: STEVE HEDRICK date 6-3-04

Authorization to Construct by: STEVE HEDRICK date 5-12-04 Existing System Inspection by: ____ date ____

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