IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR 104501 PIN# 4747-03-~~5208~~ 22649 DATE 5-27-05

OWNER OR CONTRACTOR BOYCE KNOX PHONE: Business (704) 682-1559 Home

ADDRESS 222 INGRAM RD STATESVILLE NC 28625

LOCATION US 21 N TL SHUMAKER TL INGRAM APPROX. 1 MILE ON RT WHITE HOUSE BESIDE LARGE BARN (#364 INGRAM)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-9-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 280
No Lines THREE (3) Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☑ Repair System Type: I (II) III, IV, V, VI
System Description:
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 18"

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

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

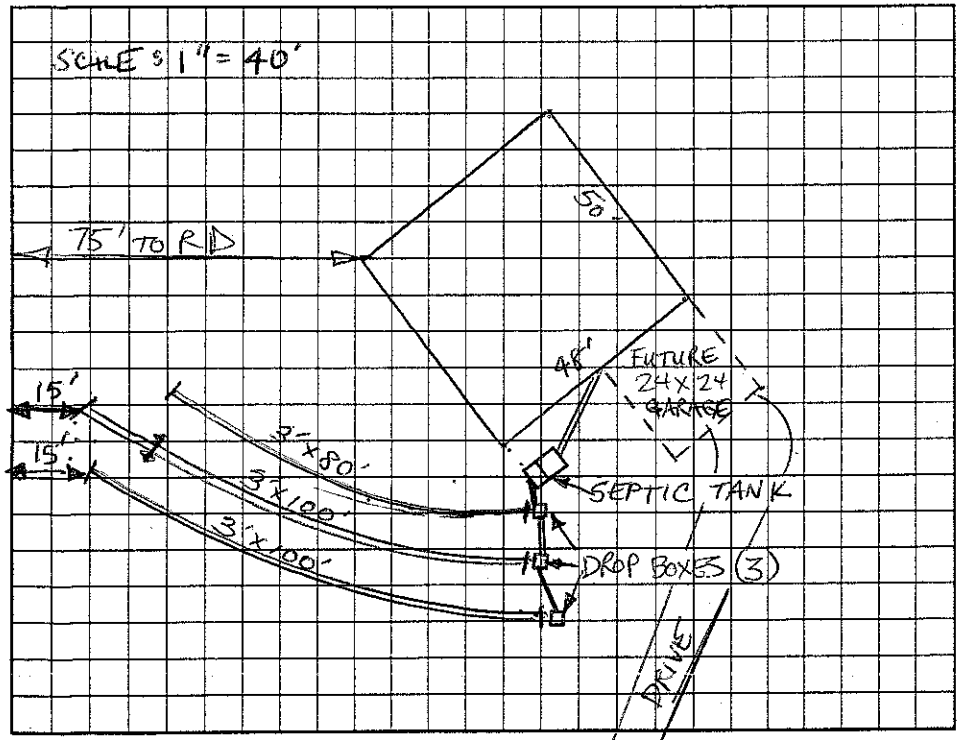
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① MAINTAIN SETBACKS ② INSTALL ON CONTOUR ③ PUMP, CRUSH, FILL OLD TANK / ABANDON OLD SYSTEM

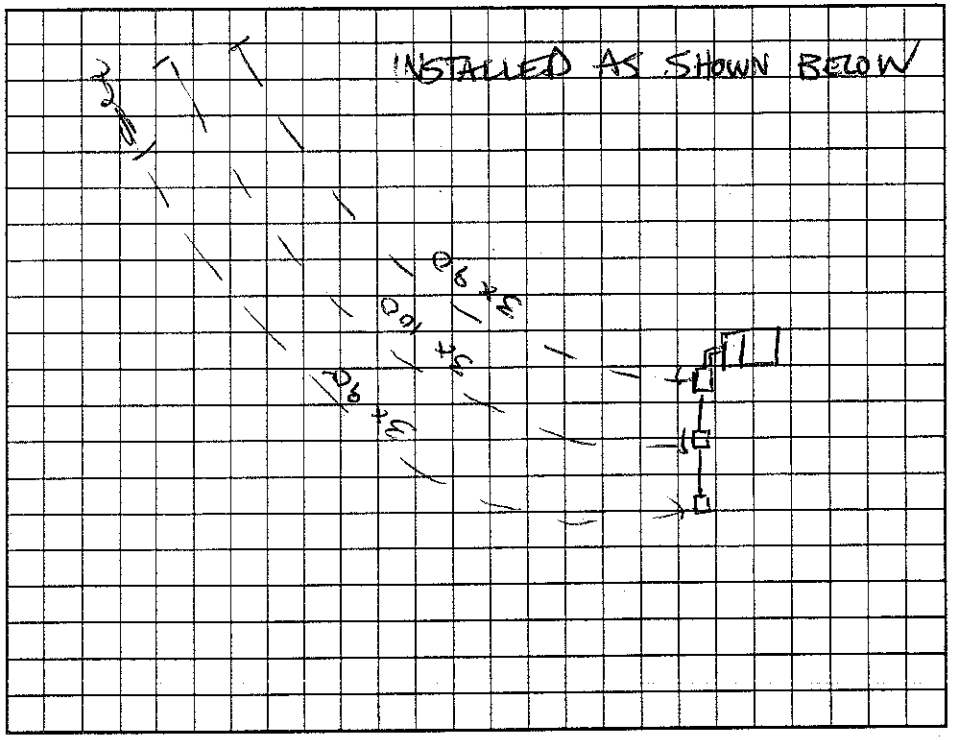
Comments/Conditions: 'TUFF-TITE' FILTER W/ MARKER ON TANK

#5 STONE

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: date

Improvement Permit by: Christopher M. Sherrill, CPS, LSS date 5-27-05

Authorization to Construct by: Christopher M. Sherrill, CPS, LSS date 5-27-05

Installed by: BOYCE KNOX

Operation Permit by: Christopher M. Sherrill, CPS, LSS date 6-14-05

Existing System Inspection by: date

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