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# 4747-47-~~9660~~ 1517 DATE 6/24/03

OWNER OR CONTRACTOR Ray Cline PHONE: Business Home

ADDRESS Deitz Road Statesville, NC

LOCATION Hwy 21 N @ Shumaker onto Whites Farm Rd, @ Deitz Rd, 6th House on Left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. 6F DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 337 Linear Feet 75

No Lines 1 Trench Width 36" Max Trench Bottom Depth — Gravel Depth 19"

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

System Description:

Repair System Description: Gravity, Conv.

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

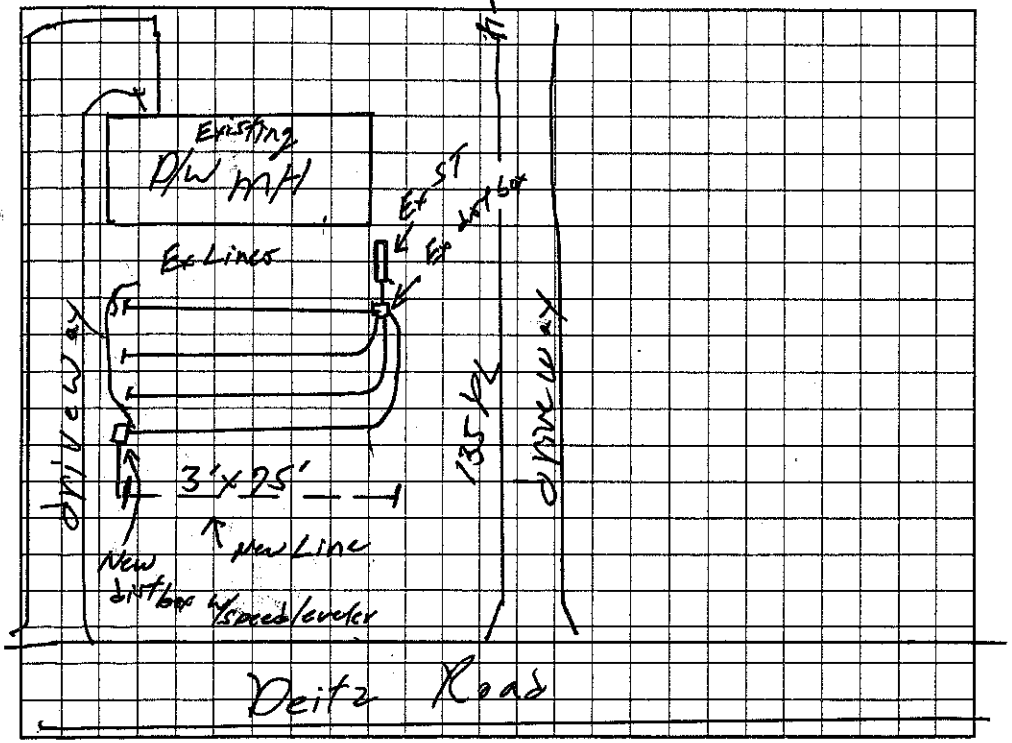
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

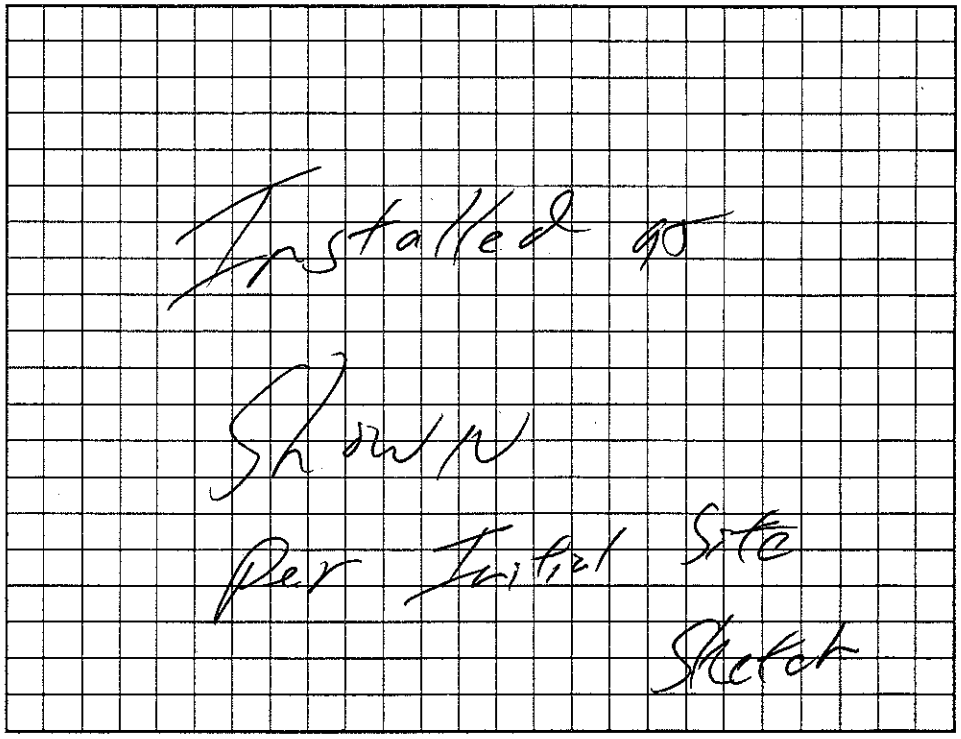
Comments:/Conditions: ① Pump ST ② Add New dist. box at end of bottom Existing Line ③ check old dist box ④ Add soil over end of Lines ⑤ This permit shall be issued as N.O.V. 30 days to fix system

Comments:/Conditions: Installed 12 Infiltrator Chambers

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: Ray S Cline date 6/24/03

Improvement Permit by: William O. Johnson date 6/24/03

Authorization to Construct by: William O. Johnson date 6/24/03

Installed by: Steve Jordan

Operation Permit by: William O. Johnson date 7/17/03

Existing System Inspection by: date

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