# 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# 4751-58-0974 DATE 3-31-04

OWNER OR CONTRACTOR MACNELL M. & DAVID DANIEL PHONE: Business Home 704-872-3159

ADDRESS 129 PILCH ROAD, STATESVILLE NC 28677-1723

LOCATION US 21 S, TL AMITY HILL ROAD, TR PILCH ROAD, 4TH HOME ON LEFT AT BOX #129

SUBDIVISION PEAR TREE BLOCK / SECTION LOT 1 LOT AREA 0.755 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.35 GPD/FT²

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 150

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I (II) III, IV, V, VI

System Description:

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

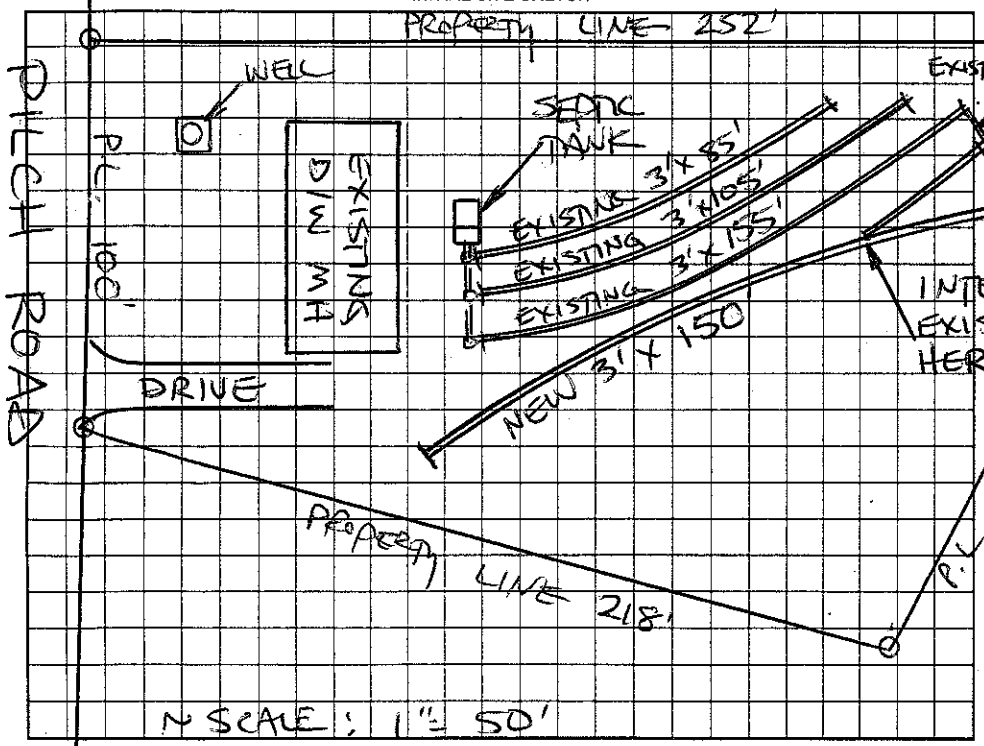
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

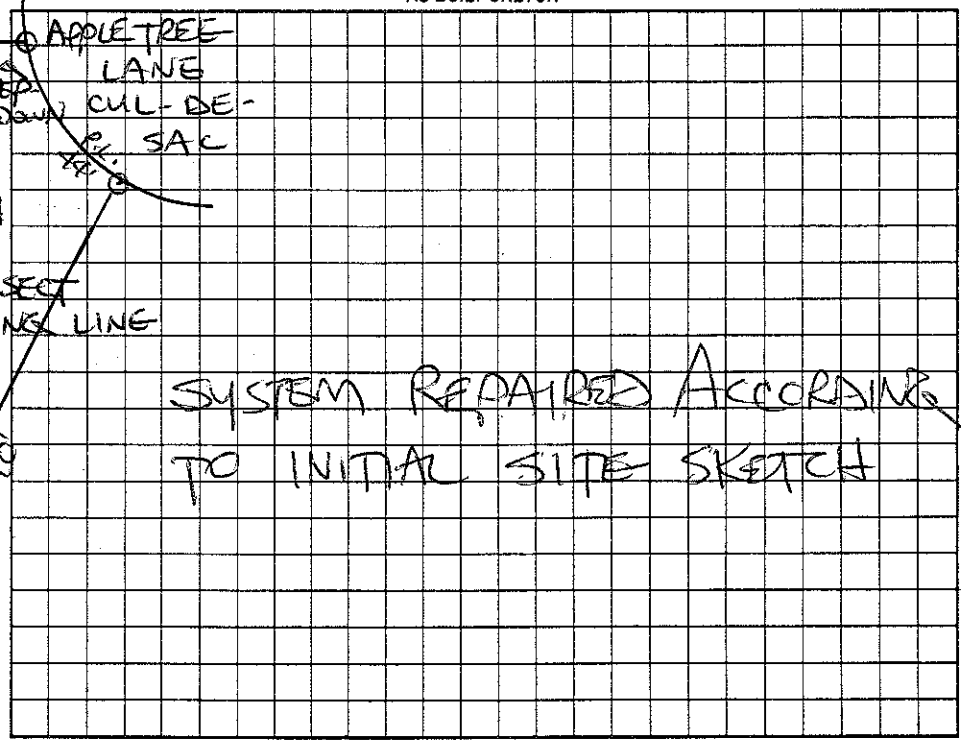
Comments:/Conditions: THIS PERMIT SERVES AS "NOTICE OF VIOLATION", SYSTEM TO BE REPAIRED BY 4-30-04

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: [signature] date 3-31-04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-31-04 Operation Permit by: STEVE HEDRICK date 4-21-04

Authorization to Construct by: STEVE HEDRICK date 3-31-04 Existing System Inspection by: date

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