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# 4752728943 DATE 2-26-06

OWNER OR APPLICANT J P Rector PHONE: Business _____ Home 704-873-1663

ADDRESS 163 Shiloh Rd Statesville NC

LOCATION 70 E to Shiloh Rd (R) Meadow Lane 5th trailer on right

SUBDIVISION Market Terrace BLOCK / SECTION _____ LOT 8 LOT AREA _____ SITE CLASS. B DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 120

No Lines 4 Trench Width 3ft Max Trench Bottom Depth 30"

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

System Description: Repair

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth _____ ☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

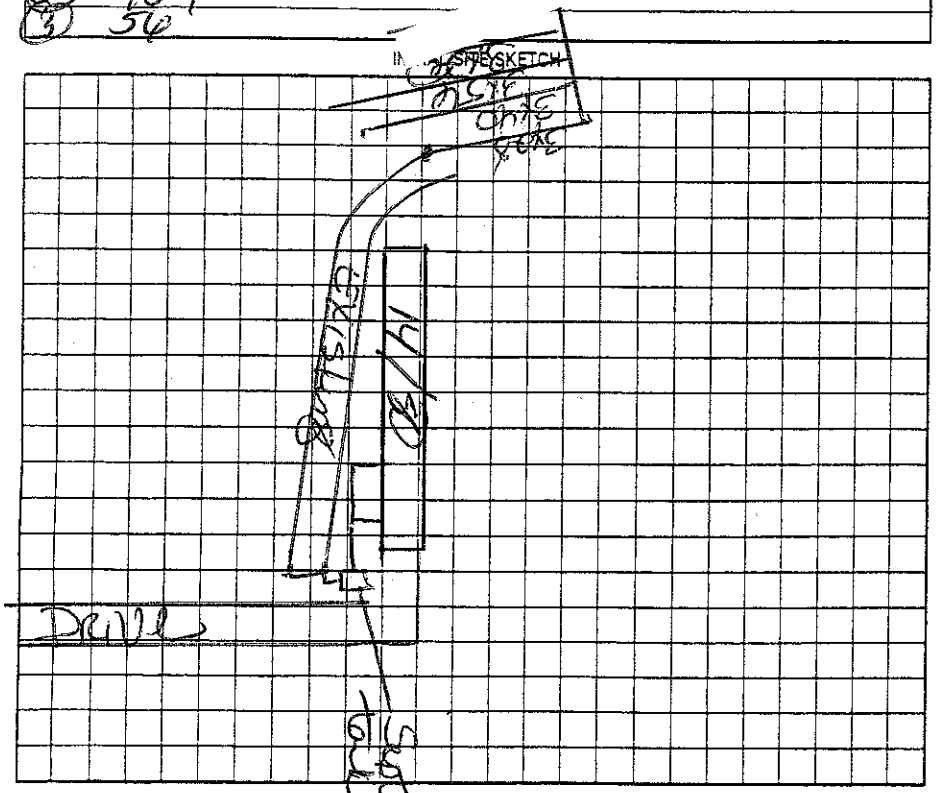
Comments:/Conditions:

① -25' ④ -20'

② 40'

③ 50'

SITE SKETCH



Comments:/Conditions:

Feed existing cap to end of old into new with bottom hole to infiltrator

Suggest pumping septic tank

AS BUILT SKETCH

AS SHOWN

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: J P Rector date 2-26-06 Installed by: A+1 BACKHOE

Improvement Permit by: Teresa Cook date 2-26-06 Operation Permit by: STEVE HENDRICK date 2-28-07

Authorization to Construct by: Teresa Cook date 2-26-06 Existing System Inspection by: _____ date _____

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

Meadow Lane