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# 4752-83-7250 DATE 01/10/03

OWNER OR CONTRACTOR JOSEPH C. McNEELY PHONE: Business _____ Home 704-873-7210

ADDRESS 150 TRENT RD. STATESVILLE, NC 28677

LOCATION HWY 70 EAST, (R) SHILOH RD, (L) CLEMMONS, (R) TRENT, 2nd LOT ON RIGHT PAST CURVE @ BOX # 150.

SUBDIVISION LOYD ACRES BLOCK / SECTION _____ LOT 24 LOT AREA ~0.459 ACRES SITE CLASS. EXISTING DESIGN FLOW 360 GPD L.T.A.R. EXISTING/REPAIR

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 160

No Lines 4 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 24"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other EXISTING

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

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

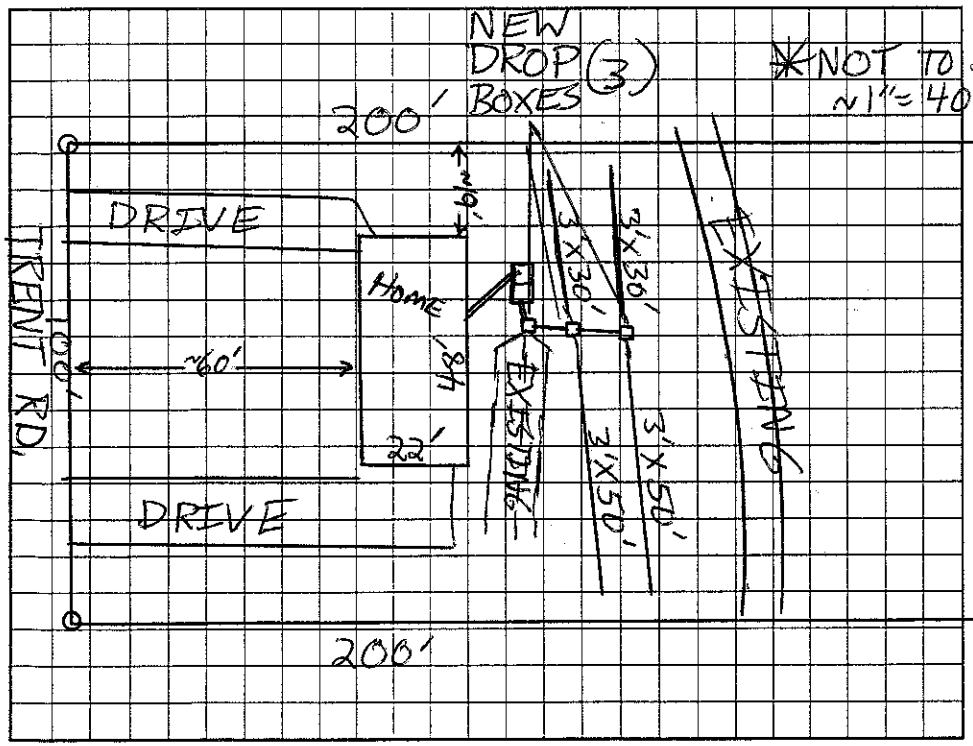
Water Supply: ☒ Individual ☐ Public ☐ Community EXISTING WELL

Comments/Conditions: (1) KEEP LINES 5' OFF PROPERTY LINE, (2) MAINTAIN SETBACKS (3) REDIRECT WATER LINES 10'+ FROM SYSTEM, (4) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT FROM HEALTH DEPT.

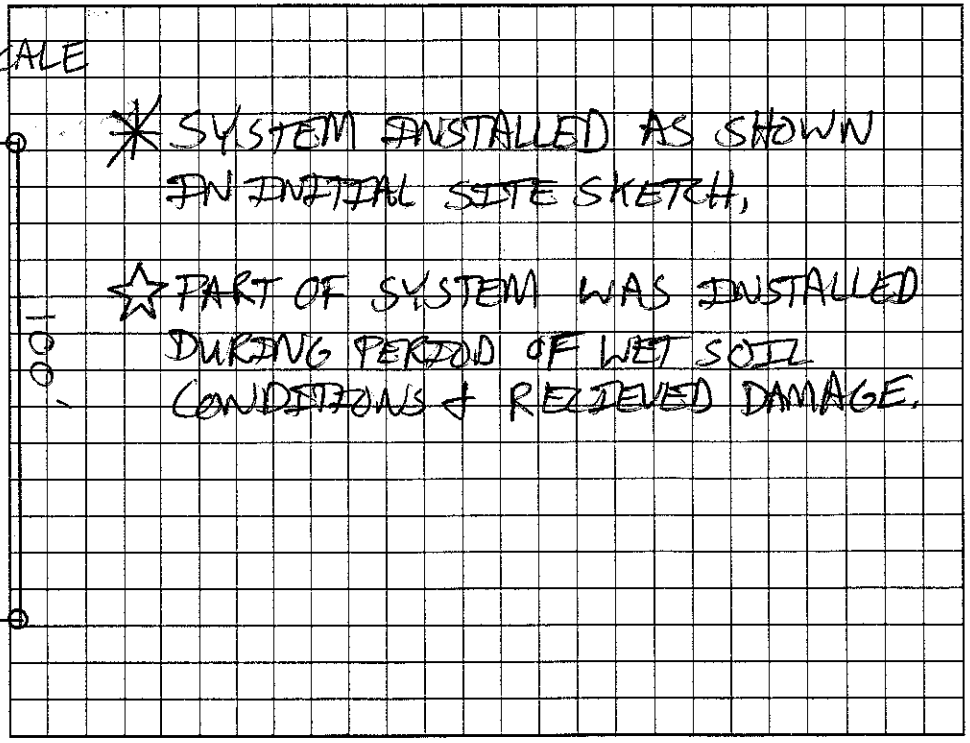
Comments/Conditions: (5) NOTE 24" GRAVEL DEPTH/MINIMUM 12" COVER

* THIS PERMIT SERVES AS A NOTICE OF VIOLATION AND MUST BE REPAIRED WITHIN 30 DAYS.

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: Joseph C. McNeely date 01/10/03 Installed by: SAMMY REAVIS

Improvement Permit by: Patrick Mitchell date 01/10/03 Operation Permit by: Patrick Mitchell date 03/26/03

Authorization to Construct by: Patrick Mitchell date 01/10/03 Existing System Inspection by: _____ date _____

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