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# 4754-34-9200 DATE 1-29-2009

OWNER OR APPLICANT PAULA FULTON ROBERTS PHONE: Business 704-881-8513 Home 704-873-5166

ADDRESS 1107 FREEDOM DRIVE STATESVILLE, NC 28625

LOCATION GREEN BRIAR ROAD TO FREEDOM DRIVE, NEXT TO LAST LOT ON RIGHT

SUBDIVISION HOPE BROTHERS BLOCK / SECTION ____ LOT 54 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 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 EQUIV 560 Linear Feet 140

No Lines TWO Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: ____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☒ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

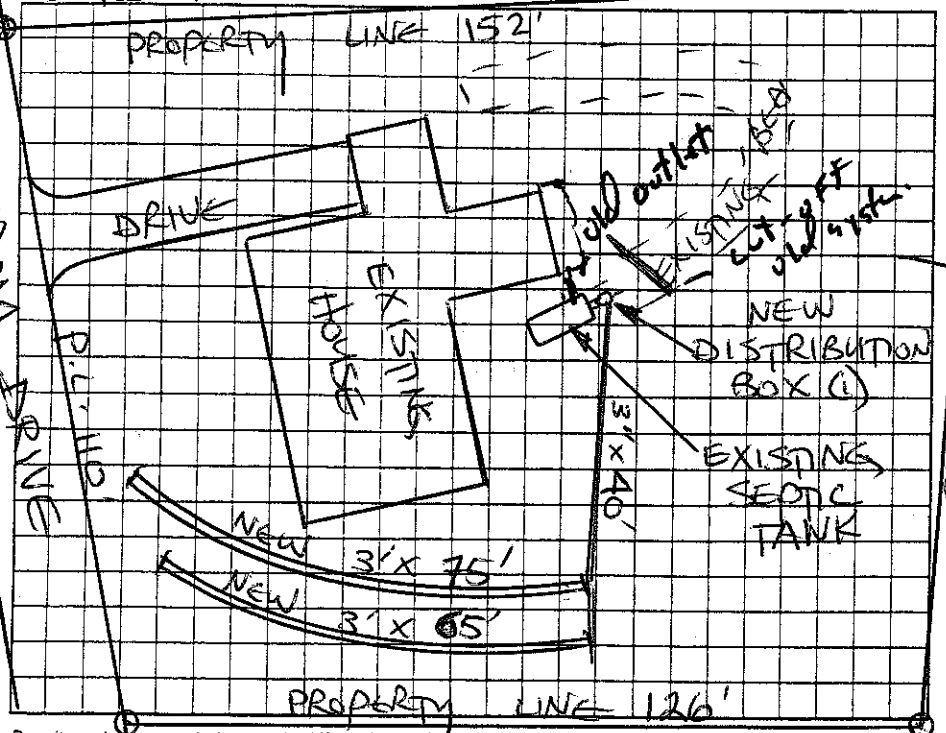
Water Supply: ☐ Individual ☐ Public ☑ Community

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

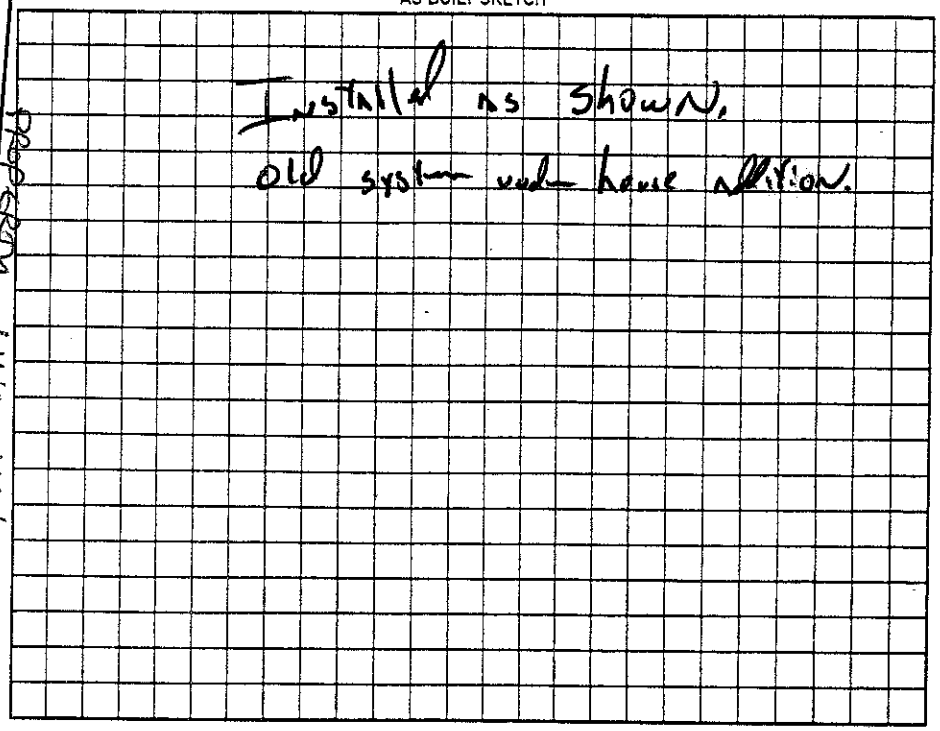
Comments:/Conditions: INSTALL NEW DISTRIBUTION BOX AT LOCATION SHOWN FEEDING EXISTING BED FIRST, THEN SERIALLY FEEDING TWO NEW 25% REDUCTION LINES INSTALLED 30" DEEP

Comments:/Conditions: * Old outlet exited out of side of tank and system was under addition. New outlet installed as drawn with new lines, old system cut-off.

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 1/29/09

Improvement Permit by: STEVE HEDRICK date 1-29-09

Authorization to Construct by: STEVE HEDRICK date 1-29-09

Installed by: RON Adams Excavating

Operation Permit by: [signature], R.S. date 19 March 09

Existing System Inspection by: ____ date ____

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