IREDELL COUNTY HEALTH DEPARTMENT

4754.43-0320

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# _____ PIN# [redacted] ROBERT "BROTHER" DATE ~~3-17-03~~ 3-17-03

OWNER OR CONTRACTOR DELILAH MATHIS PHONE: Business 704-878-9348 Home _____

ADDRESS 1139 FREEDOM DR STATESVILLE NC 28677

LOCATION 64 EAST, (R) GREENRIDGE (R) FREEDOM (R) AT BOX # 1139

SUBDIVISION GOFORTH BLOCK / SECTION _____ LOT 8 LOT AREA 150'x100' SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 160'

No Lines 4X40' Trench Width 36" Max Trench Bottom Depth SEE NOTES Gravel Depth 24"

☐ New System ☒ Repair System Type: I (II) III. IV. V. VI

System Description: GRAY CONV

Repair System Description: _____

Maintenance Agreement ~~Required~~: ☐ Yes ☒ No

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

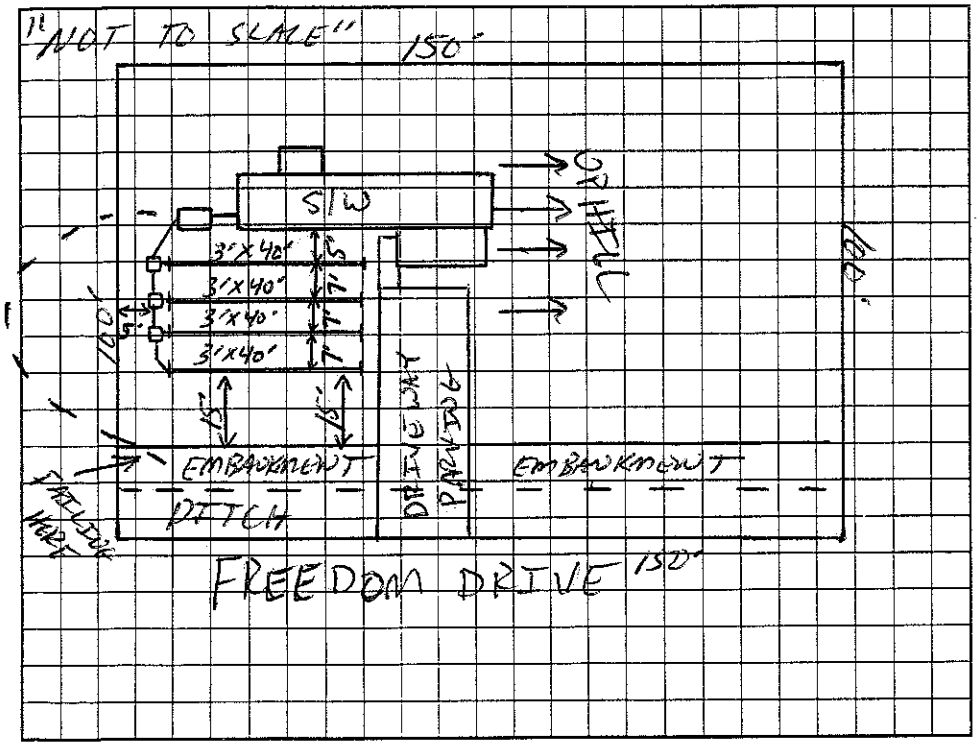
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

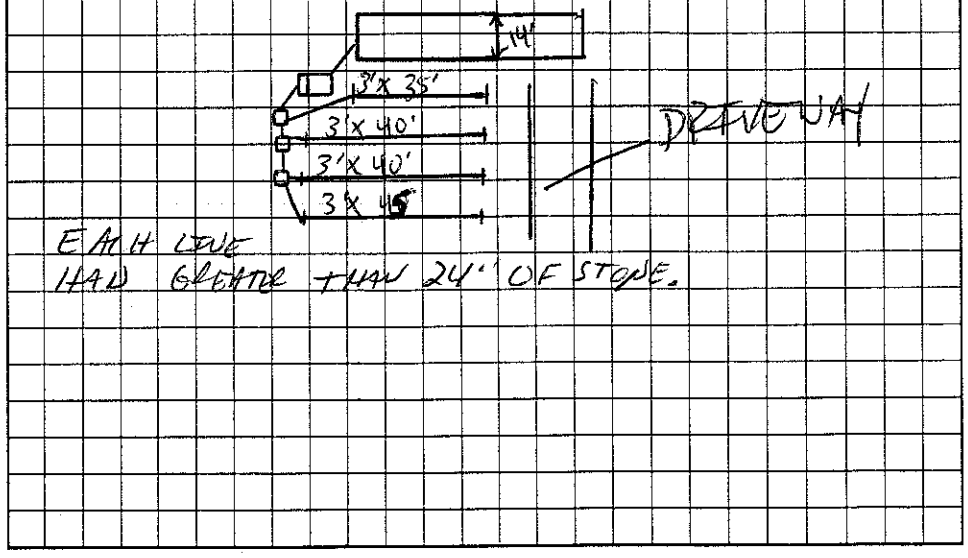
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS, (2) CUT OFF OLD SYSTEM & PACK TO PREVENT BLEEDING (3) REMOVE H2O LINE & PLACE 10' AWAY FROM ANY PART OF SYSTEM. (4) START 36" DEEP AT END OF LINE, MAINTAINING 12" OF COVER & MAINTAINING 24" OF STONE, DIG TOWARD SUPPLY LINE WITH THIS END BEING DEEPER THAN 36", (5) CHECK SANITARY TEE & REPLACE IF NECESSARY. (6) CALL PRIOR TO INSTALLATION FOR AS BUILT SKETCH CONSULTATIVE VISIT, 704-928-2030, LORNE COOK MET MR. UMBARGER ON 5-21-03 & REFLAGGED SYSTEM. LC

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: ~~Robert~~ Delilah Mathis date 3/17/03 Installed by: DAVID UMBARGER

Improvement Permit by: _____ RS date 03-17-03 Operation ~~Permit~~ by: _____ RS date 5-29-03

Authorization to Construct by: _____ date 03-17-03 Existing System Inspection by: _____ date _____

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