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# 4756-15-4026 DATE 1/10/02

OWNER OR CONTRACTOR Wanda Blackmon PHONE: Business cell (704) 252-3873 Home ~~(704) 876-~~

ADDRESS 131 Little Forest Lane Statesville N.C. 28625

LOCATION Hwy 21 N @ June Sowers Rd @ Danbury Forest @

SUBDIVISION Danbury Forest BLOCK / SECTION — LOT 43 LOT AREA ~.50 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. Ez.

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

No Lines 4 Trench Width 36 Max Trench Bottom Depth _____ Gravel Depth 16"

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

System Description: Gravity, Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 1½ No. Employees ____

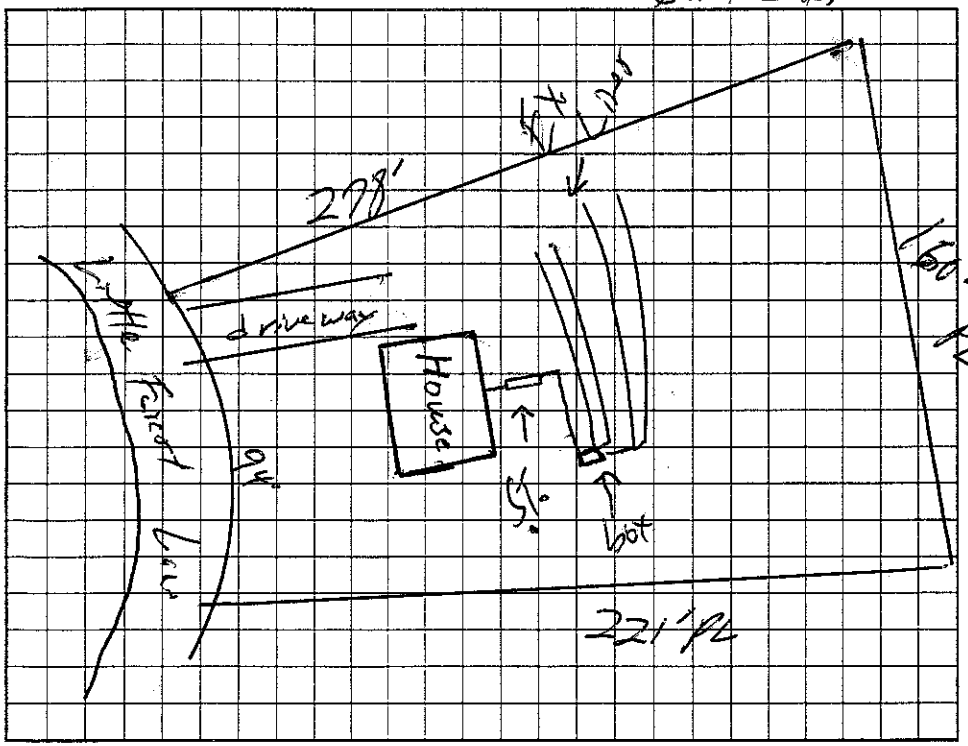
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Replace Tee in Septic Tank ② Connect back to Supply Lines ③ Pump out Septic Tank prior to making Repairs. ④ This permit Serves as Letter of Completion

Comments:/Conditions: NEW SANITARY TEE SUPPLY LINE AND DISTRIBUTION BOX INSTALLED AS SHOWN

INITIAL SITE SKETCH (not to scale)



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE 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: _____ date _____ Installed by: JARRID LENTZ

Improvement Permit by: _____ date 1/10/03 Operation Permit by: STEVE HENDRICK date 3-22-04

Authorization to Construct by: _____ date 1/10/03 Existing System Inspection by: _____ date _____

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