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# 4756-55-5205 DATE 2-15-2005

OWNER OR CONTRACTOR SHERRY KILBY PHONE: Business 704-872-8171x107 Home 704-876-2311

ADDRESS 151 DONNA LANE, STATESVILLE, NC 28625-8906

LOCATION US 21 NORTH, TR JANE SOWERS ROAD, TR DONNA LANE, HOUSE AT END ON CUL-DE-SAC, #151

SUBDIVISION MEADOWVIEW BLOCK / SECTION IV LOT 34 LOT AREA 1.0 ACR SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING (0.2)

Septic Tank: EXISTING Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 330 Linear Feet 110
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36 +/- Gravel Depth 24"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI
System Description: ____
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

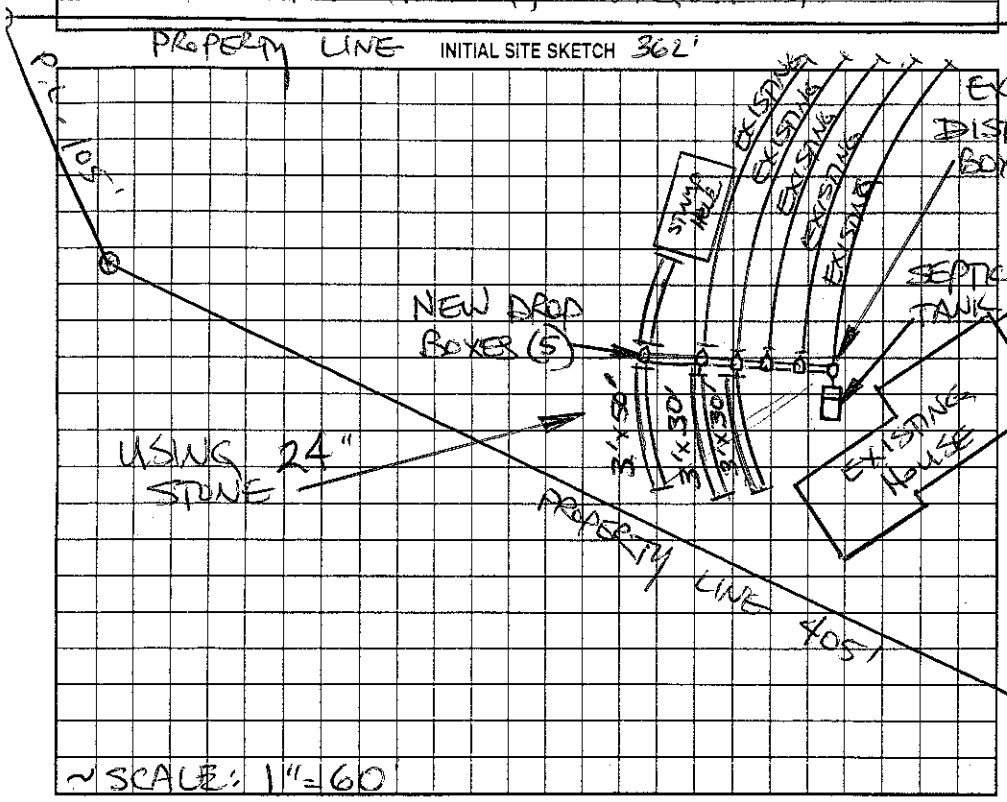
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: REPLACE DISTRIBUTION SYSTEM WITH SERIES OF DROP BOXES (5) AS SHOWN. INSTALL NEW LINES ON CONTOUR AS FLAGGED USING 24" STONE.

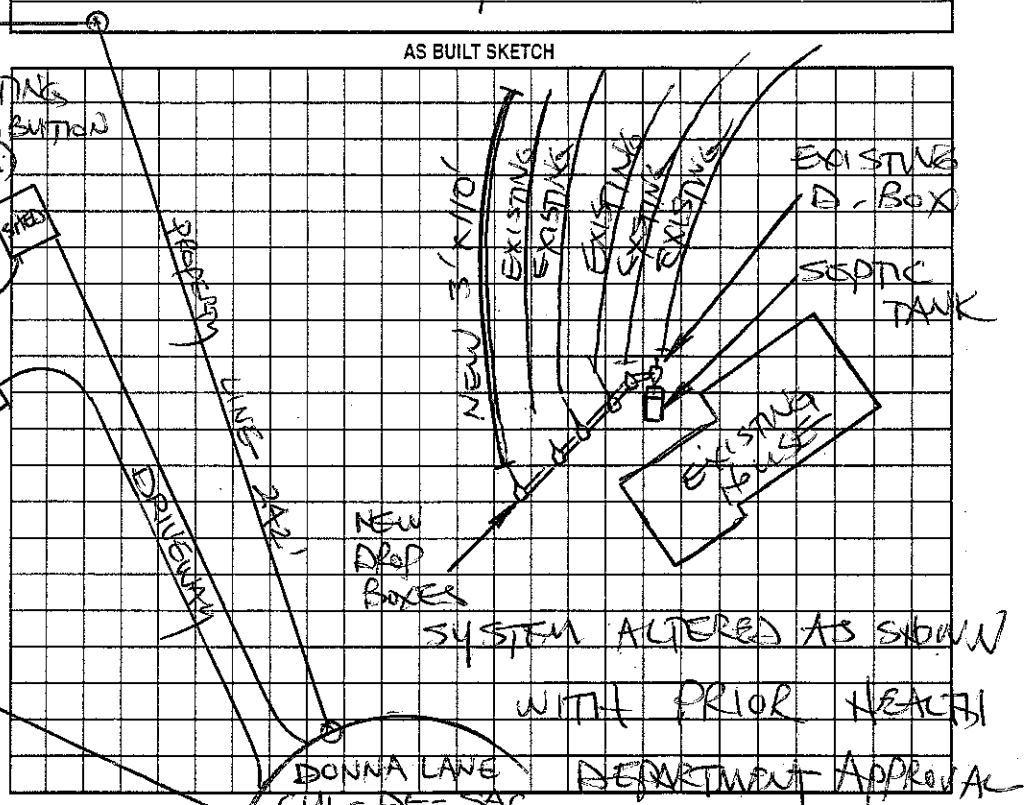
Comments:/Conditions: THIS PERMIT SERVES AS "NOTICE OF VIOLATION," SYSTEM TO BE REPAIRED BY MARCH 18, 2005

INITIAL SITE SKETCH 362'



~SCALE: 1"=60'

AS BUILT SKETCH



SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPARTMENT APPROVAL

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 2-15-05 Installed by: WES LYTON

Improvement Permit by: STEVE HEDRICK date 2-15-2005 Operation Permit by: STEVE HEDRICK date 5-9-05

Authorization to Construct by: STEVE HEDRICK date 2-15-2005 Existing System Inspection by: ____ date ____

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