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# 4758 67 5634 DATE 11-19-01

OWNER OR CONTRACTOR MT. SINAI EMC PARSONAGE PHONE: Business _____ Home (704) 876-3060

ADDRESS 227 FAIRMOUNT CH. RD. STATESVILLE NC 28625

LOCATION US 21 N, TL FAIRMOUNT CH. RD, 0.5 MILE ON LEFT AT BOX # 227

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.07 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30 +/- Gravel Depth 18"

☐ 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 2

☐ Business No. Employees ____

☐ Other _____

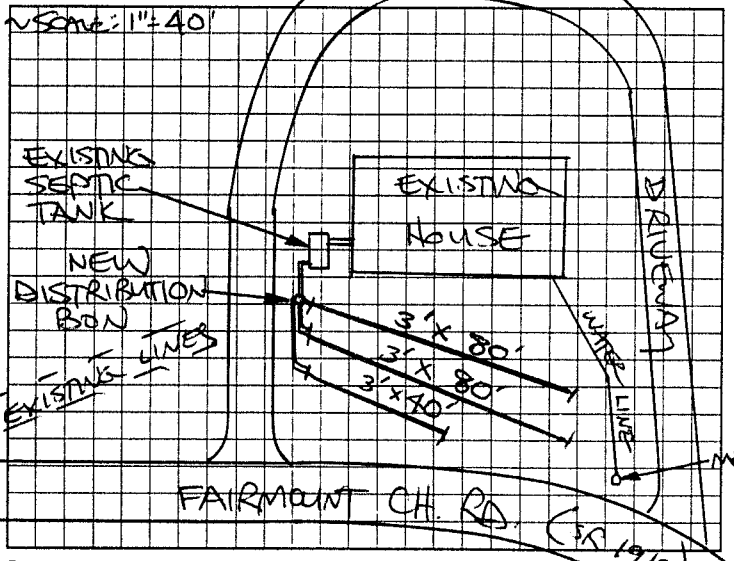
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) INSTALL NEW SANITARY TEE IN SEPTIC TANK (2) USE 18" STONE IN DRAINLINES

Comments /Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit and/or 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 11-19-01 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 11-19-01 Operation Permit by: STEVE HEDRICK date 11-21-01

Authorization to Construct by: STEVE HEDRICK date 11-19-01 Existing System Inspection by: _____ date _____

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