IREDELL COUNTY HEALTH DEPARTMENT

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

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

EXISTING

PERMIT# N/A PIN# 4765 44 2610 DATE 03-28-02

OWNER OR CONTRACTOR LUTHER RINEHARDT PHONE: Business _____ Home 704-872-6727

ADDRESS 146 RIVERHILL ROAD STATESVILLE NC 28625

LOCATION 64E, @ RIVERHILL, @ ATBUX # 146

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.62 SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet TOTAL 300'

No Lines _____ Trench Width 36" Max Trench Bottom Depth _____

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

System Description: CONV GRAV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

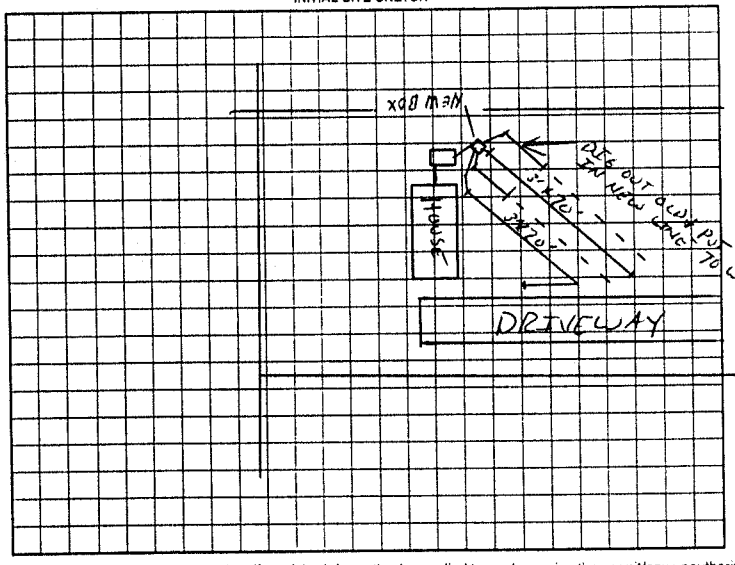
No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

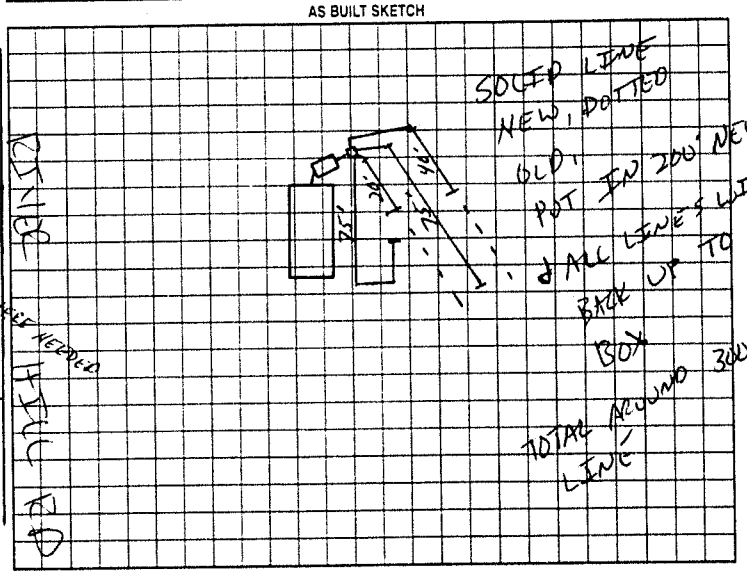
Comments/Conditions: ① MET WITH WES LITTON & DISCUSSED SITUATION ② - - - - OLD LINES —— NEW LINES ③ ✓ TEE & REPLACE IF NEEDED ④ THIS PERMITS SERVES AS NOTICE OF VIOLATION

Comments/Conditions I MUST BE REPAIRED IN 30 DAYS!

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: Truth B. Bindhardt date 3-28-02 Installed by: WES LITTON

Improvement Permit by: [signature] date 03-28-02 Operation Permit by: [signature] RS date 04-02-02

Authorization to Construct by: [signature] RS date 03-28-02 Existing System Inspection by: _____ date _____

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