IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4765-44-2629 DATE 4-23-08

OWNER OR APPLICANT MARK LEWIS MEDLIN PHONE: Business 704-657-0002 Home 704-873-2835

ADDRESS 150 RIVER HILL ROAD STATESVILLE, NC 28625-9176

LOCATION US 64 EAST, TL RIVER HILL ROAD, ON RIGHT AT BOX #150

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.53 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 120

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

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description: _____

Repair System Description: 25% REDUCTION, CRAWL

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

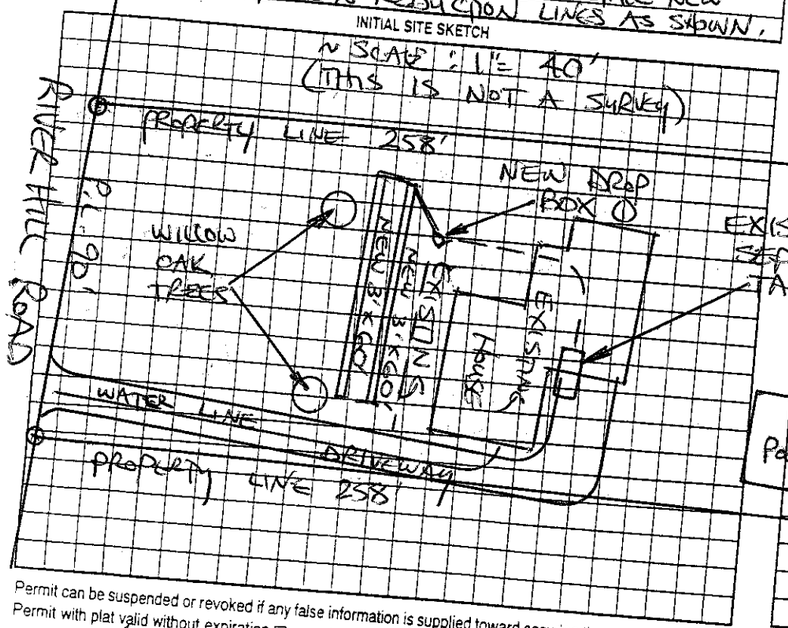
No. Bedrooms 2 No. Persons 5 No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

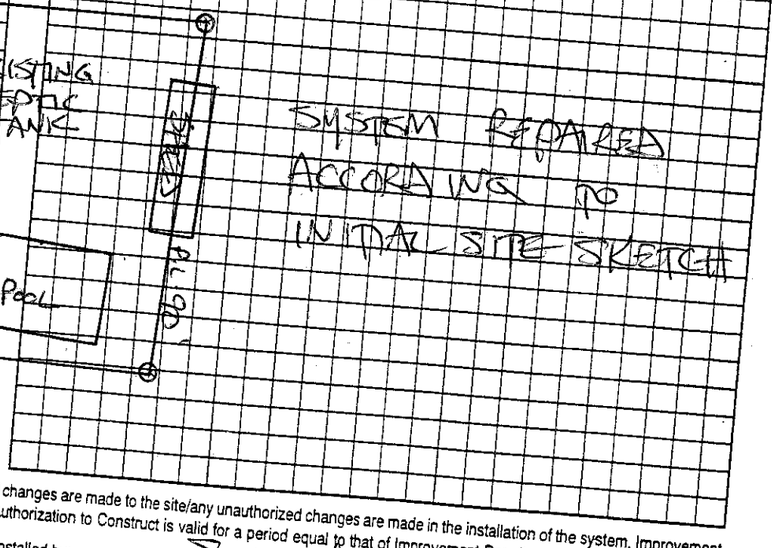
Comments:/Conditions: ① LOCATE ALL UTILITIES PRIOR TO EXCAVATION ② KEEP SYSTEM MINIMUM 10' FROM WATER LINE ③ INSTALL NEW DROP BOX & 25% REDUCTION LINES AS SHOWN.

Comments:/Conditions:

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: _____ date 4-23-08

Improvement Permit by: STEVE HENDRICK date 4-23-08

Authorization to Construct by: STEVE HENDRICK date 4-23-08

Installed by: STEVE JORDAN

Operation Permit by: STEVE HENDRICK date 4-29-08

Existing System Inspection by: _____ date _____

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