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# 4765-92-8393 DATE 5-9-07

OWNER OR APPLICANT SARAH G. BORDERS PHONE: Business 704-838-0129 Home 704-872-8455

ADDRESS 946 SHERWOOD LANE, STATESVILLE NC 28677

LOCATION US 64 EAST, TR, LONE PINE ROAD, TR MACY LANE, 1ST UNIT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 3 LOT AREA 0.65 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.20 GPD/FT2

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI
System Description: _____
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

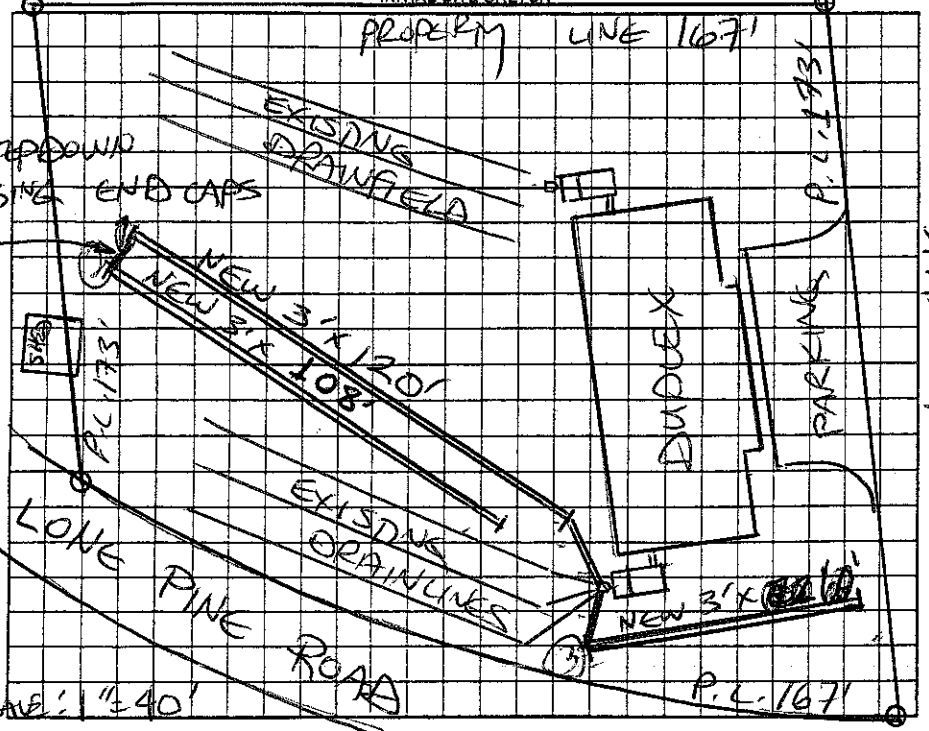
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: ① INSTALL NEW FIVE OUTLET DISTRIBUTION BOX IF NECESSARY ② INSTALL 25% REDUCTION SYSTEM AS PLACED ON SITE ③ THIS PERMIT SERVES AS "NOTICE of VIOLATION" TO BE REPAIRED BY JUNE 8, 2007

Comments/Conditions: WATER LINE in way of Line ③ Contact Sarah Borders

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: Sarah Borders date _____

Improvement Permit by: STEVE HEDRICK date 5-9-07

Authorization to Construct by: STEVE HEDRICK date 5-9-07

Installed by: DAVID YOUNTZ

Operation Permit by: _____ date 5-21-07

Existing System Inspection by: _____ date _____

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