1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4771533137 DATE 5-30-07

OWNER OR APPLICANT Tabitha Dillard PHONE: Business _____ Home 704-658-6217

ADDRESS 126 old Christy Lane

LOCATION Hwy 64 Tripplett TR Oswalt Amity TR Old Christy Lane

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 5-18-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% reduction gravity
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth NA ☒ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other _____

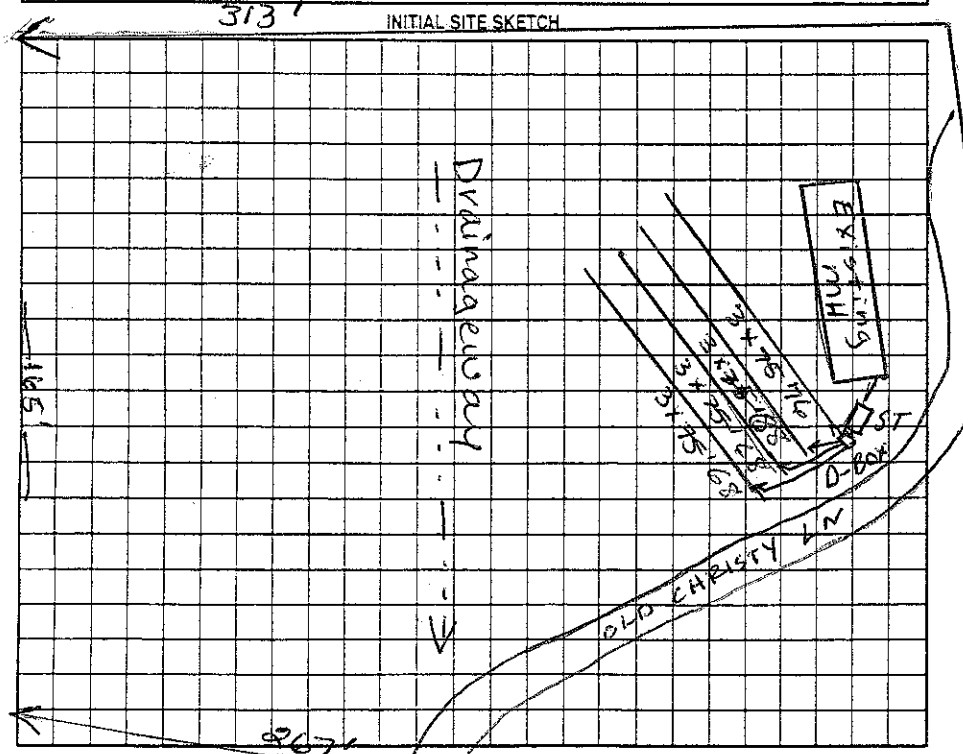
Water Supply: ☒ Individual ☐ Public ☐ Community

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

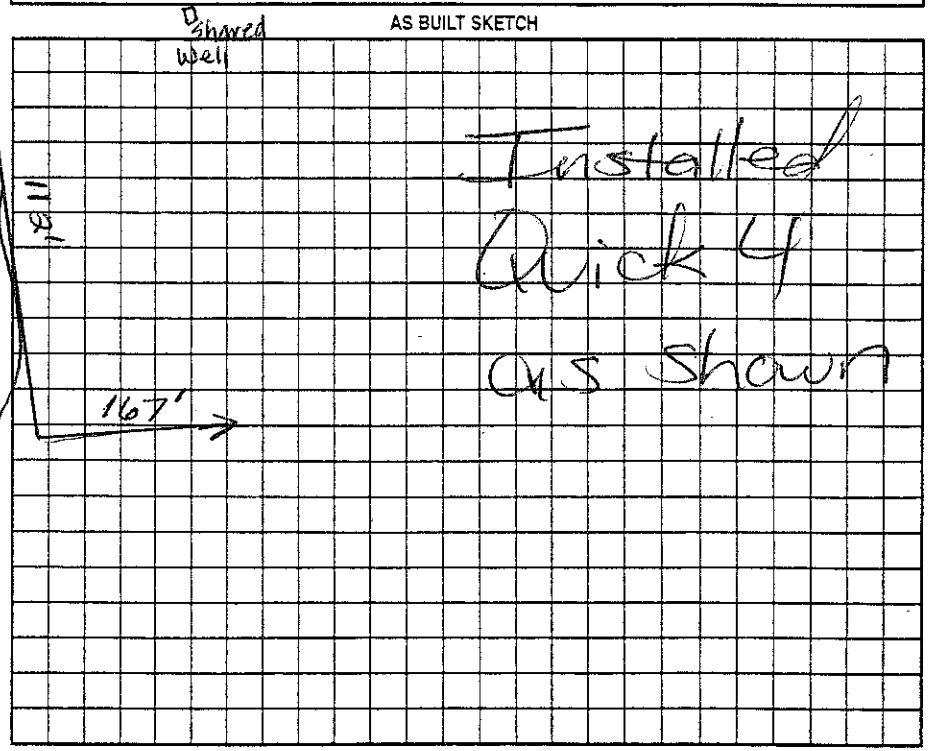
Comments/Conditions: Abandon existing system
D-Box w/ speed levelers
1"=50'

Comments/Conditions: Old System not cut off at time of inspection
1 line = 76' 2 lines ~ 68' 1 line = 88'

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: Tabitha Dillard date 5-30-07 Installed by: Rowan Septic

Improvement Permit by: Judy Melville date 5-30-07 Operation Permit by: [signature] date RS 7/3/07

Authorization to Construct by: Judy Melville date 5-30-07 Existing System Inspection by: _____ date _____

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