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# 4772-21-6908 DATE 6-22-05

OWNER OR CONTRACTOR JANICE B. SILLS PHONE: Business Home 704-528-2600

ADDRESS 148 BRANCH DRIVE, ~~STATESVILLE~~ CLEVELAND NC 27013-8776

LOCATION US 70 EAST, TR TRIPLETT ROAD TR BRANCH DRIVE, HOUSE ON RIGHT AT BOX # 148

SUBDIVISION AMITY HILL ESTATES BLOCK / SECTION LOT 10' LOT AREA 1.03 ACRE 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 EQ-P Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet EXISTING

No Lines FIVE Trench Width 36" Max Trench Bottom Depth DEEP Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

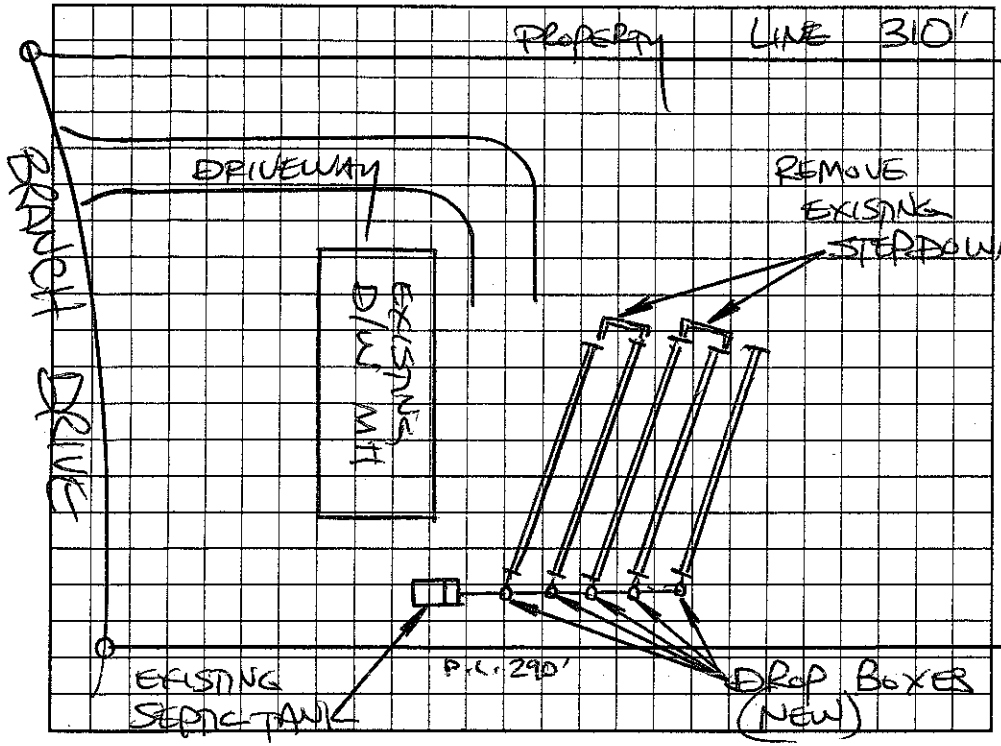
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

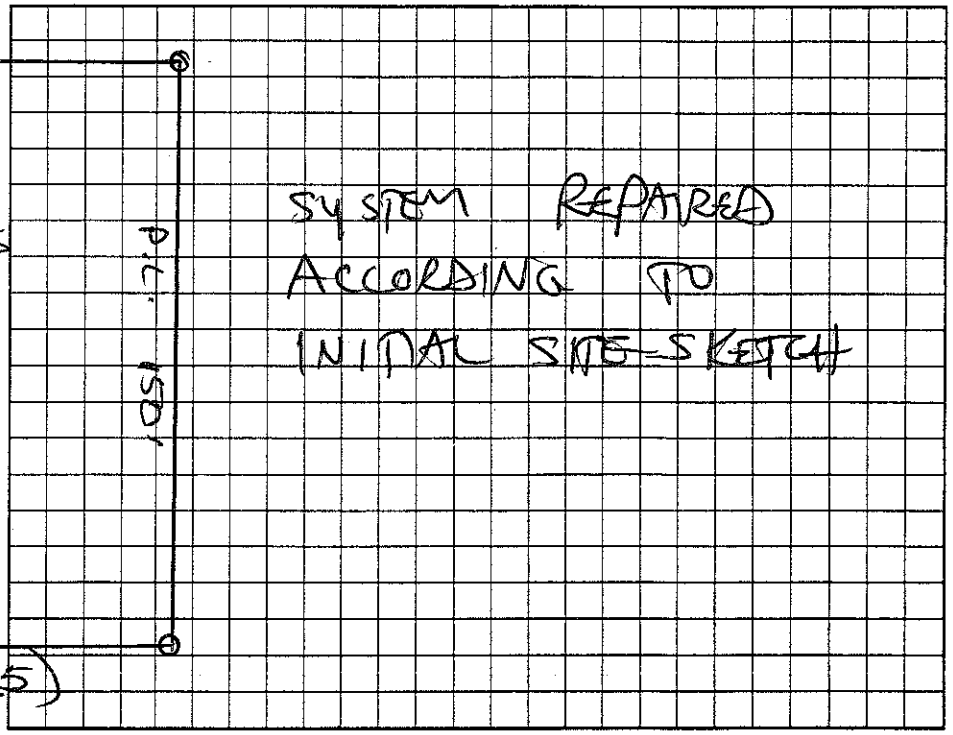
Comments:/Conditions: REPLACE EXISTING STEPDOWNS WITH NEW DROP BOXES (5) AS SHOWN, AS SHALLOW AS POSSIBLE

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: [signature] date 6/23/05 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 6-22-05 Operation Permit by: STEVE HEDRICK date 7-14-05

Authorization to Construct by: STEVE HEDRICK date 6-22-05 Existing System Inspection by: date

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