IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 97519 PIN# 4773 91 3574 DATE 1-11-99

OWNER OR CONTRACTOR Tim Weaver PHONE: Business _____ Home 871 2262

ADDRESS 3216 Salisbury Hwy Statesville

LOCATION 70E Past Knox Fm Rd 1000' On Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 32 acres SITE CLASS PS DESIGN FLOW 100 L.T.A.R. .2

Septic Tank: 1000 Gallons: STB 1012 Date 5-12-97

Pump Tank: 1000 Gallons: PT 17 Date 10-20-96

Pump Make: Hydromatic Model SHEF100M3 Serial No. 1342-5-034-1

Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 167

No Lines 2 Trench Width 36 Max Trench Bottom Depth 24

☐ New System ☑ Repair (Addition) System Type: I. II. III. IV. V. VI

System Description: Pump to Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☑ Business Car No. Employees ____

☐ Other Shop 4 Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

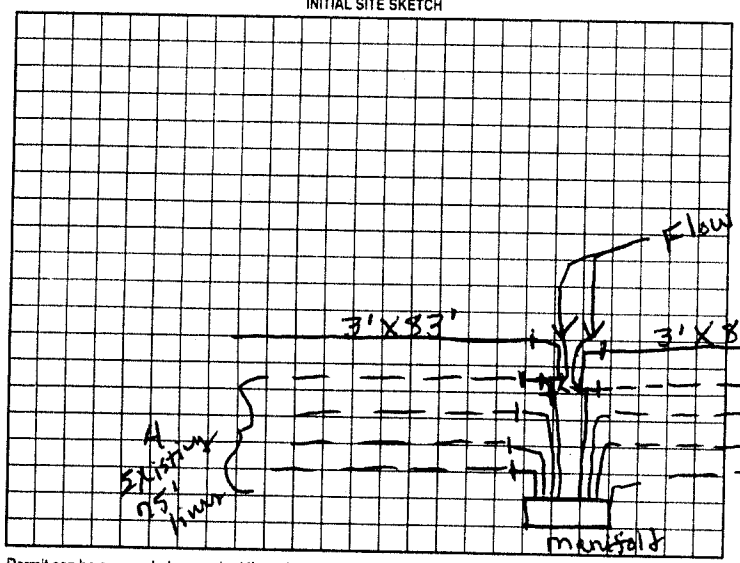
Expanding Existing System To Att Auto Shop beside Mr. Weavers Home

Comments:/Conditions

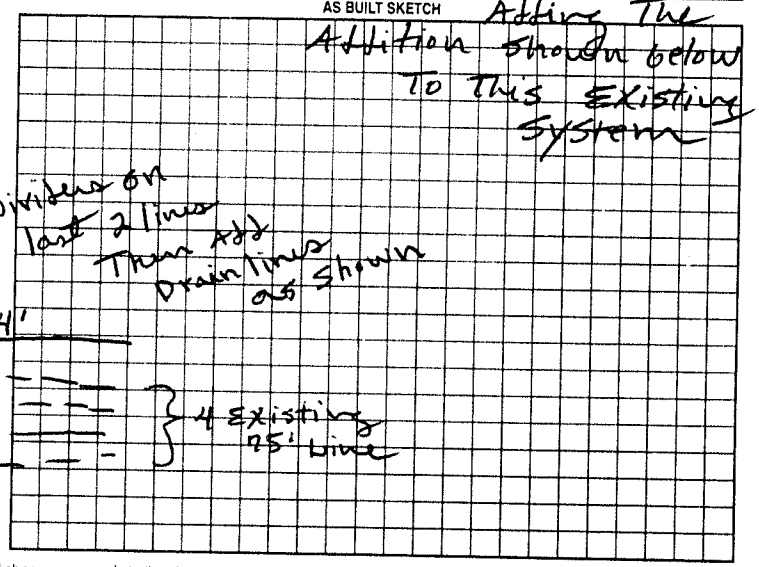
See Permit

Susan Weaver 6-26-97

INITIAL SITE SKETCH



AS BUILT SKETCH Adding The Addition shown below To This Existing System



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: X Tim Weaver date _____ Installed by: A-1

Improvement Permit by: R.C. Moore date 1-11-99 Operation Permit by: Mark Coffey date 3-19-99

Authorization to Construct by: R.C. Moore date 1-11-99 Existing System Inspection by: _____ date _____

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