CHARLES ROWE

THIS PERMIT REPLACES EXPIRED PERMIT # 019701

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

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

PERMIT# 19172 PIN# 3774-64-4821 DATE 11-8-04

OWNER OR CONTRACTOR ~~UNITED COUNTRY REAL ESTATE~~ PHONE: Business 704-872-0227 Home 704-838-1365

ADDRESS P.O. BOX 1651, STATESVILLE NC 28687

LOCATION I-40 WEST, TR SHARON SCHOOL RD, TL STEWART ROCK RD TL RIVERWALK RD, LOT #28 ON LEFT ~ 0.25 MILE

SUBDIVISION RIVERWALK BLOCK / SECTION I LOT 28 LOT AREA 2.99 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 82 Date 9-15-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____
No Lines THREE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

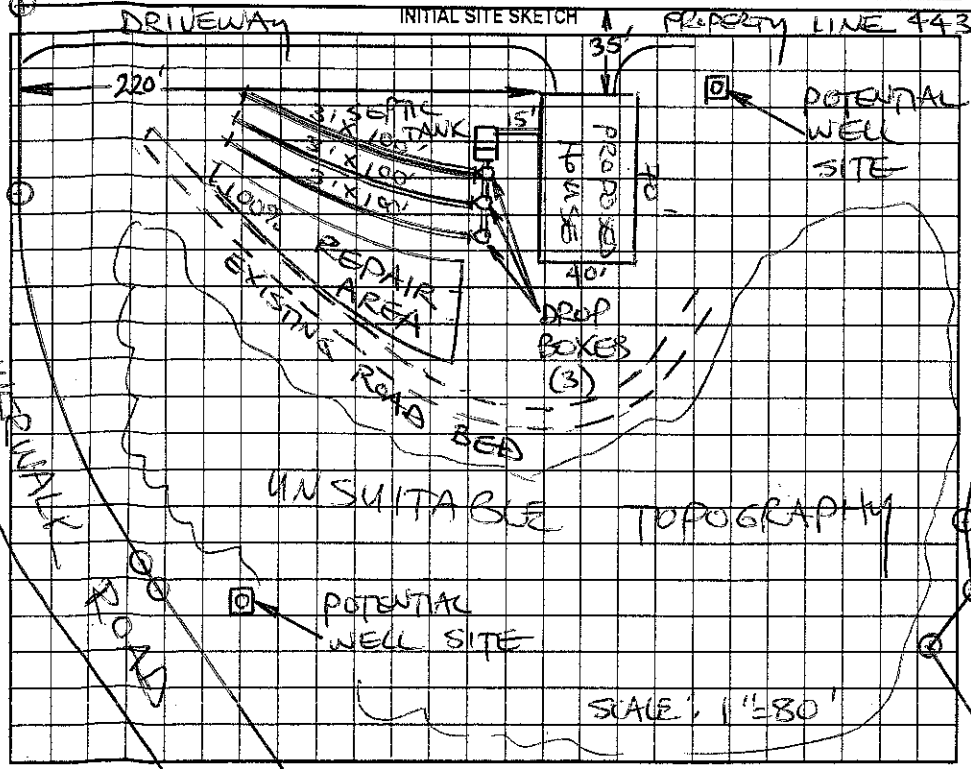
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

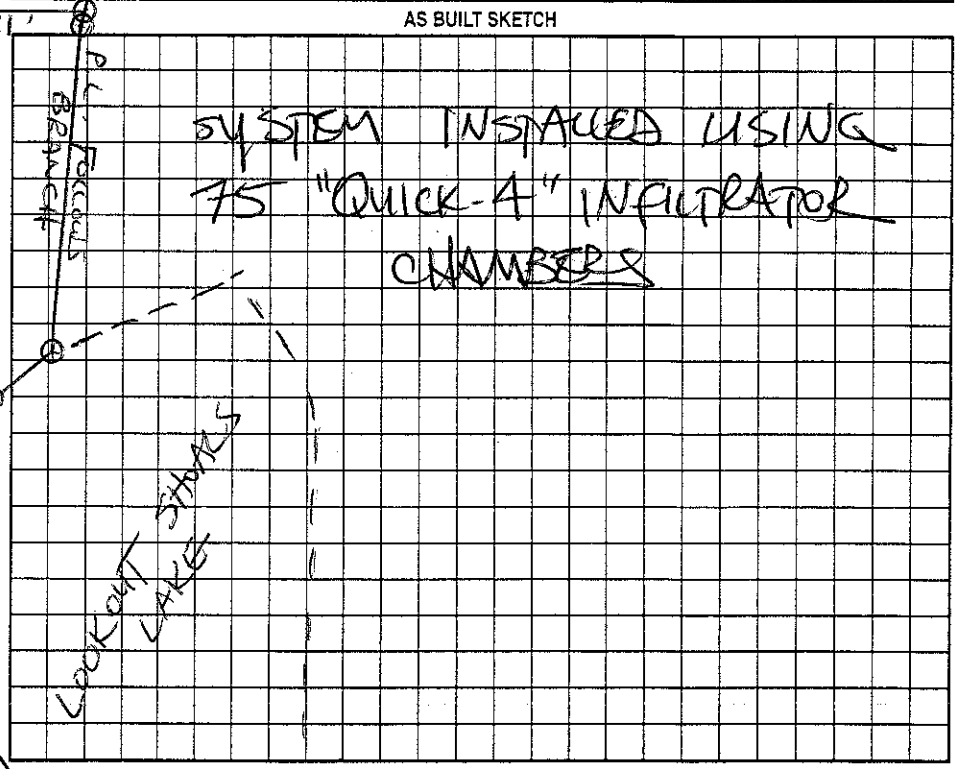
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN, NO DEEPER THAN 30", KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEC" FILTER

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 1/25/05 Installed by: G & M ENT.

Improvement Permit by: STEVE HEDRICK date 11-8-04 Operation Permit by: STEVE HEDRICK date 10-24-05

Authorization to Construct by: STEVE HEDRICK date 7-15-05 Existing System Inspection by: ____ date ____

PT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK