* PERMIT REPLACES ONE ISSUED 12-14-96, NOW VOID (EXPIRED)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126985 PIN# 3774-91-2936 DATE 6-2-05

OWNER OR CONTRACTOR GAIL E. BROOME PHONE: Business (704)634-0533 Home (704)820-0121

ADDRESS 114 COTTONWOOD DR. MT. HOLLY NC 28120

LOCATION I-40W TR SHARON SCHOOL RD. TL STEWART ROCK. TL FULLBRIGHT TR GARDNER PT. AT VERY END ON LEFT

SUBDIVISION RIVER WALK BLOCK / SECTION VII LOT 6 LOT AREA 1.141 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 3/2 Date 10-3-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 200
No. Lines FOUR(4) Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" SAND

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY PPBPS 50% REDUCTION
Repair System Description: LP PPBPS 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

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

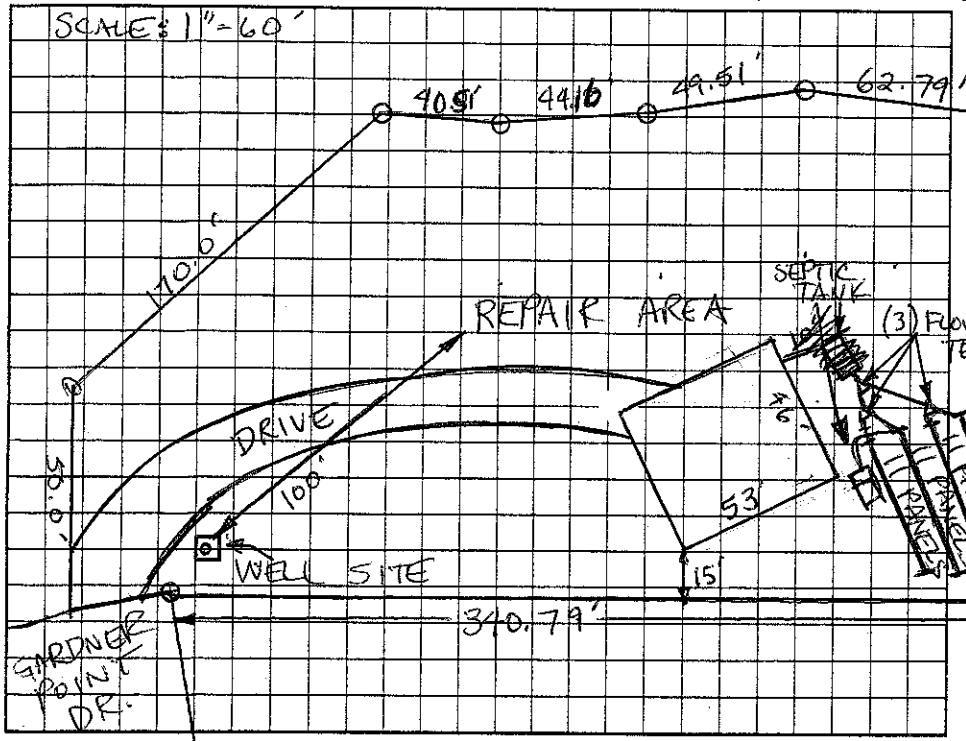
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

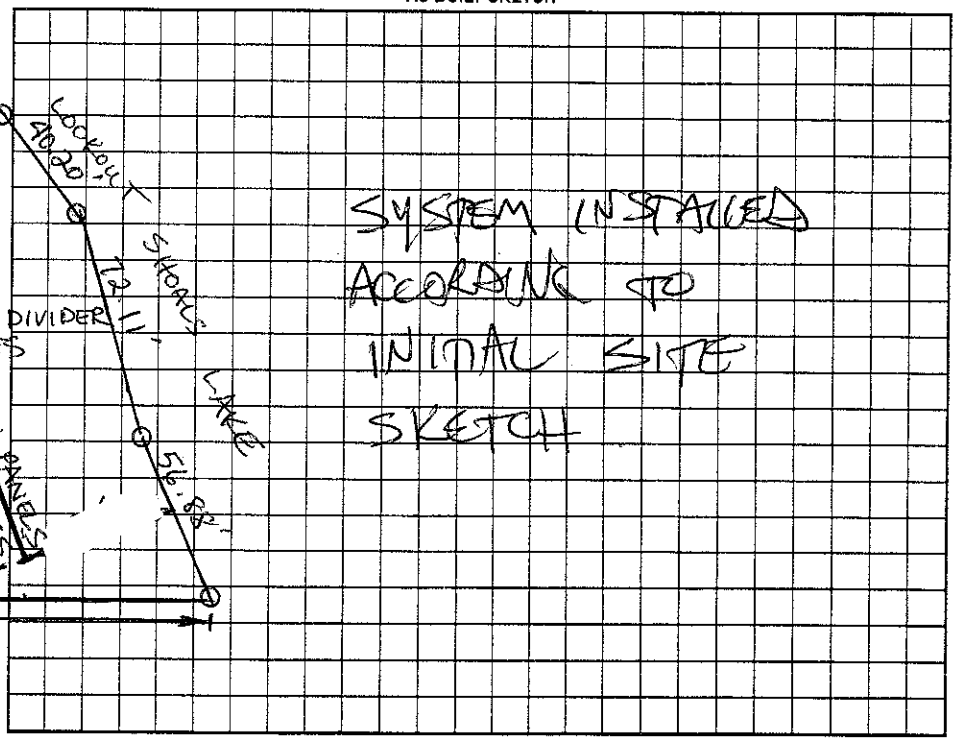
Comments:/Conditions: ① KEEP SYSTEM & REPAIR A MINIMUM 100' FROM WELL ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR EQUAL LENGTH LINES ③ INSTALL 4/4 PPBPS PANELS IN FOUR EQUAL LENGTH LINES ON CONTOUR ④ RAKE & LIME TRENCH WALLS

Comments:/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING RED "POLYLOK" 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 Gail E Broome date 6-7-05 Installed by: DENNIS HOYLE SERVICES

Improvement Permit by: Christy M. Merrill, LSS date 6-2-05 Operation Permit by: STEVE HERRICK date 11-7-05

Authorization to Construct by: Christy M. Merrill, RS, LSS date 6-2-05 Existing System Inspection by: ____ date ____

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