IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127167 PIN# 3774-94-4133 DATE 5-11-05

OWNER OR ~~CONTRACTOR~~ WILLIAM A. MARTIN PHONE: Business Home 252-426-3479

ADDRESS 141 PEE DEE DRIVE, HERTFORD, NC 27944

LOCATION SHARON SCHOOL RD, TL STEWART ROCK RD, TL FULBRIGHT, TR GARDNER POINT DR., TR OAK POINT LANE, 1ST LOT ON RIGHT

SUBDIVISION RIVERWALK BLOCK / SECTION V LOT 40 LOT AREA 1.200 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12-23-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" 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, PUMP (GRAVITY)
Maintenance Agreement Required: ☐ Yes ☑ No

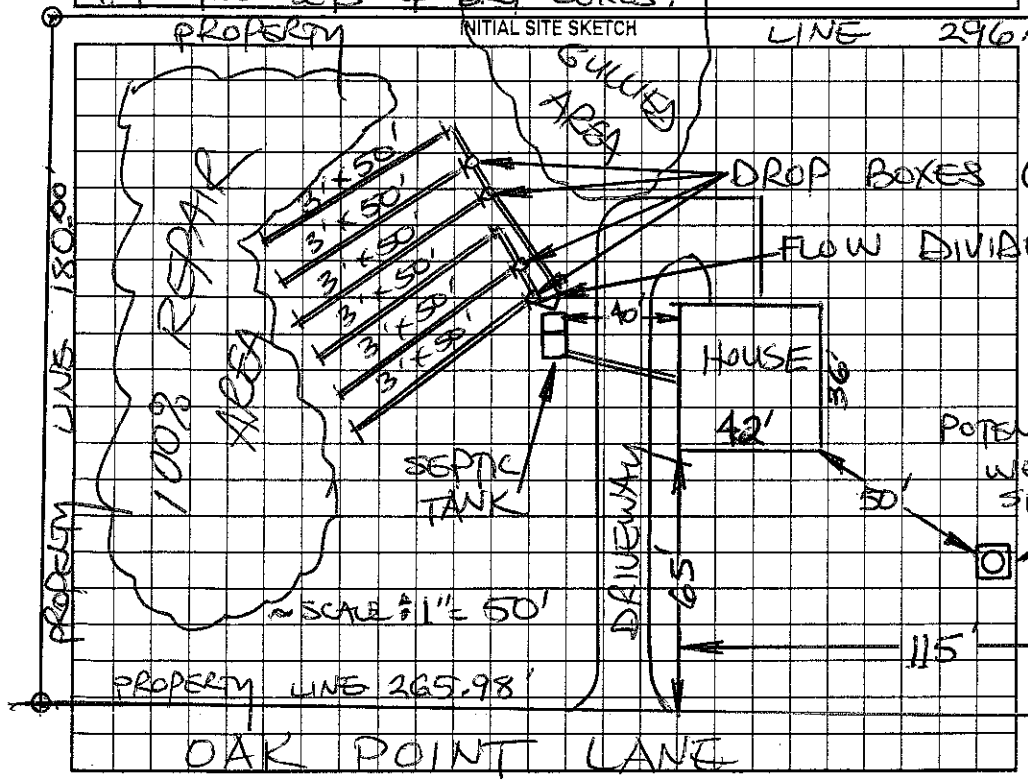
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ~~☐ Basement w/plumbing~~ ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN. USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES.

Comments:/Conditions: POLYLOK FILTER & MARKER RISER INSTALLED AS DRAWN

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: Suzie McCann date _____ Installed by: CURT DUNNING

Improvement Permit by: STEVE HENDRICK date 5-11-05 Operation Permit by: _____ date 2.16.06

Authorization to Construct by: STEVE HENDRICK date 8-15-05 Existing System Inspection by: _____ date _____

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