IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094437 PIN# 3783 97 2368 DATE 02/21/01

OWNER OR CONTRACTOR STANLEY TEMPLETON PHONE: Business _____ Home 873-3923

ADDRESS 681 SHARON SCHOOL RD, STATESVILLE, NC 28625

LOCATION I-40 W, @ SHARON SCHOOL RD, ¼ mile on LFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.75 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1012 Date 2/24/01
Pump Tank: _____ Gallons, PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 532'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: CONV GRAV
Repair System Description: CONV 25% EXP
Maintenance Agreement Required: [ ] Yes [X] No

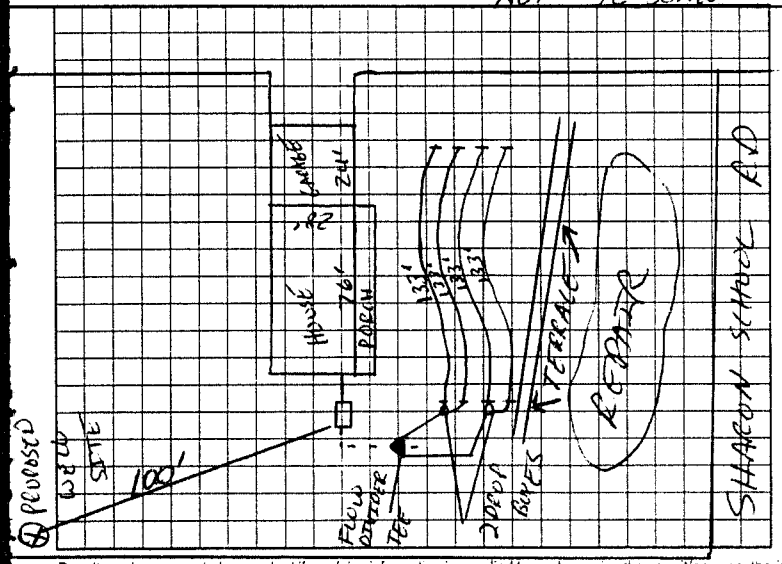
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

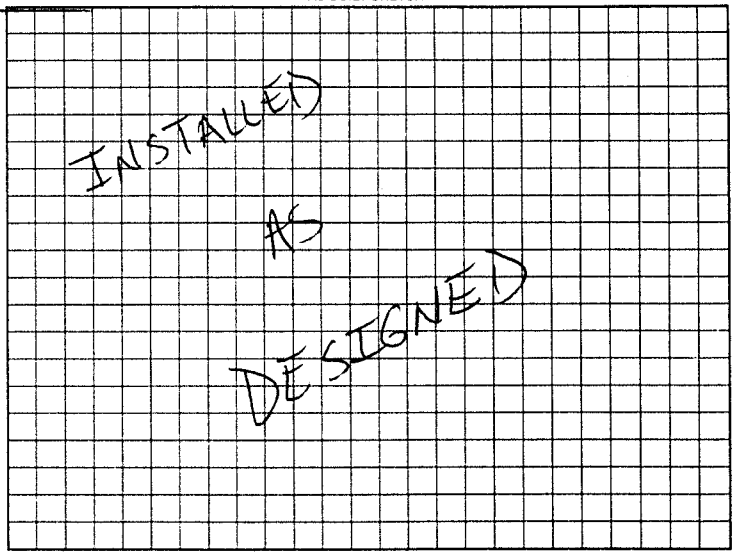
Comments/Conditions: ① GRADE OUT OLD TERRACE ② INSTALL LINES ON CONTOUR ③ KEEP WELL 100' AWAY FROM SYSTEM

Comments/Conditions: ① PUMP SEPTIC TANK EVERY 3-5 YRS.

INITIAL SITE SKETCH "NOT TO SCALE"



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 plan 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: Stanley Templeton date _____

Improvement Permit by: [signature] date 02-21-01

Authorization to Construct by: [signature] date 02-21-01

Installed by: A-1 BACKHOE

Operation Permit by: [signature] date 5/2/01

Existing System Inspection by: _____ date _____

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