IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094414 PIN# 3793 91 1778 DATE 3/1/01

OWNER OR CONTRACTOR David + Carolyn Poole PHONE: Business _____ Home (704) 878-0330

ADDRESS Hotman Rd Statesville N.C 28677

LOCATION Hwy 70W, Just before Whitewater Lane on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 3.61 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 4000 Gallons; STB 1012 Date 1-23-2001 ☒ New System ☐ Repair System Type: I. II (III) IV. V. VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Gravity 25% Reduction

Pump Make: _____ Model Equi-Flo Serial No _____ Repair System Description: Pump & 25% Reduction

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 225 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

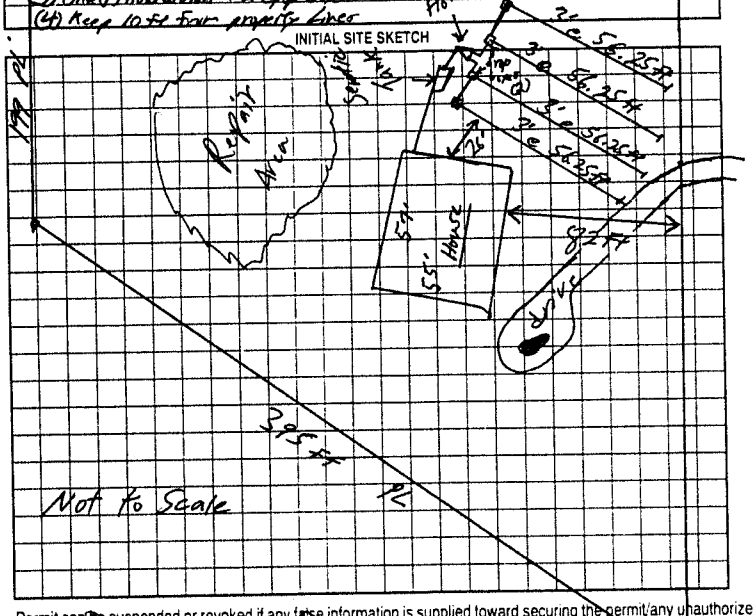
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

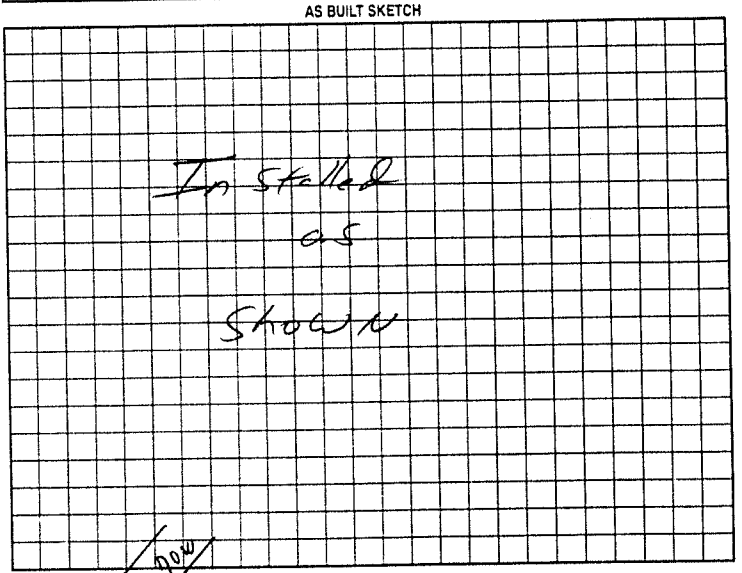
Comments/Conditions: ① Do Not Install When Wet ② Use 25% Reduction System
of 230" HDPE Sections of 84 Lines of 9 Chambers/Line total 36 chambers.
③ Use (1) Flow divisier + 2 drop boxes.
④ Keep 10 ft From property Lines

Comments/Conditions: - Poly lok Filter Installed
- Installed 36 Infiltrator Chambers
- Septic Tank Risers Installed

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 _____ Installed by: Dale Wingler

Improvement Permit by: William O. Johnson RSI date 3/1/01 Operation Permit by: William O. Johnson date 8/24/01

Authorization to Construct by: William O. Johnson RSI date 3/1/01 Existing System Inspection by: _____ date _____

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