(C1)

IREDELL COUNTY HEALTH DEPARTMENT (a1)

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

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

PERMIT# ~~1040~~ 149115 PIN# 3796-31-~~2644.00~~ 3730 DATE 9 May 08

OWNER OR APPLICANT David McNeely PHONE: Business 828-312-9768 Home 704-873-8614

ADDRESS 145 Bell Farm Rd. Statesville, NC.

LOCATION 364 Lindsay Farm Rd. - I-40 turn onto old Mtn. Rd, TR - TR Lindsay Farm Rd. 2nd Drive on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.0 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.36/ft2/d

Septic Tank: 1000 Gallons: STB 825 Date 5-2-09

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Honor all setback requirements.
Keep 50'± away from walls.
Keep out of power line rt.-of-way.

Comments:/Conditions: Filter installed.

INITIAL SITE SKETCH

Please see attached layout.

AS BUILT SKETCH

Installed as Drawn

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: _____ 6/16/08 date _____ Installed by: Rowan Septic

Improvement Permit by: _____ R.S. date 9 May 08 Operation Permit by: _____ R.S. date 11 Feb. 09

Authorization to Construct by: _____ R.S. date 9 May 08 Existing System Inspection by: _____ date _____

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


146
528
358
370
354
741
164
150
(272)
1020
LINDSEY FARM RD
3 bR
House
50'
78'
10'
75'
75'
75'
75'
Repair
AREA
N
W
E
S
1 inch equals 60 feet