IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91742 PIN# 3797 832188 DATE 9/12/00

OWNER OR CONTRACTOR James Summers PHONE: Business _____ Home 876-4309

ADDRESS 110 Kingsdale Dr. Statesville NC 28625

LOCATION Taylorsville Hwy, R Midway, L Haly Burton 1/4 mile on Rt

SUBDIVISION Haly Brook BLOCK / SECTION — LOT 12 LOT AREA .57 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 8-7-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 24"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI

System Description: Grav. Conv.

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12"

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

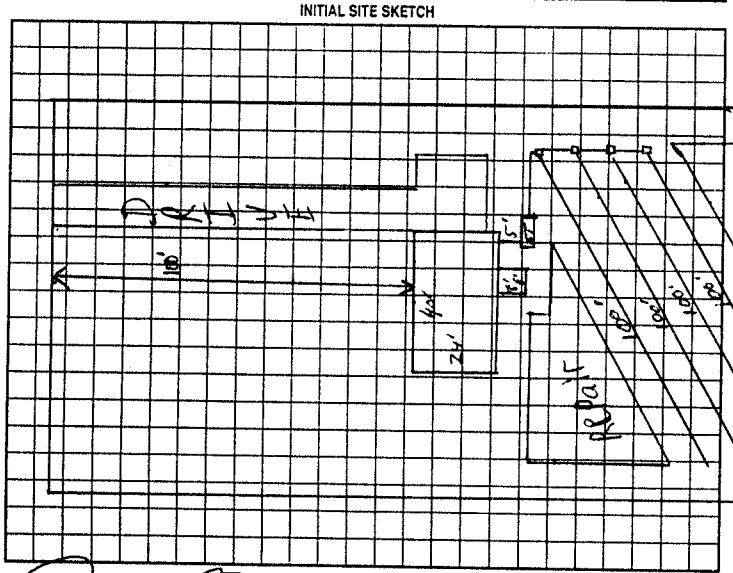
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

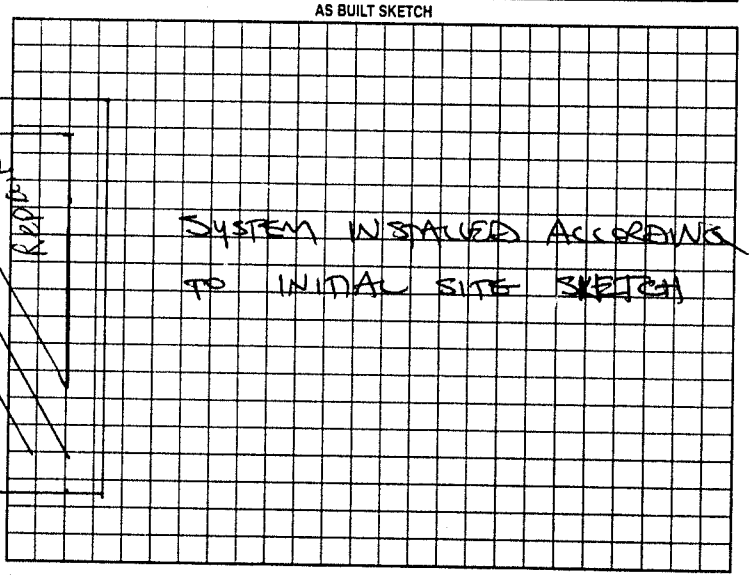
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" 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: James R Summers date 9-13-00

Improvement Permit by: RST date 9/12/00

Authorization to Construct by: RST date 9/12/00

Installed by: SCOTT GREENE

Operation Permit by: STEVE HENDRICK date 9-27-00

Existing System Inspection by: _____ date _____

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