IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131285 PIN# ~~4626 01 1828~~ 4626-19-3008 DATE 2/21/07

OWNER OR APPLICANT Craig Carter PHONE: Business 336-345-3055 Home

ADDRESS 157 Yadkin Valley Rd. Advance, NC, 27006

LOCATION Lot 486 Farms / 1100 TR McKee Ln TR Bare Foot Ln TR E. Cold Hollow Farms Dr., 3rd lot on (L)

SUBDIVISION FARMS BLOCK / SECTION 4 LOT 486 LOT AREA .765 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 6-18-07

Pump Tank: 1000 Gallons; PT 263 Date 6-9-07

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 960 Linear Feet 320

No. Lines 4 @ 80' Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: LP - 16" PPBPS

Repair System Description: SAME TYPE

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Persons ____

[ ] Business No. Employees ____

[ ] Other ____

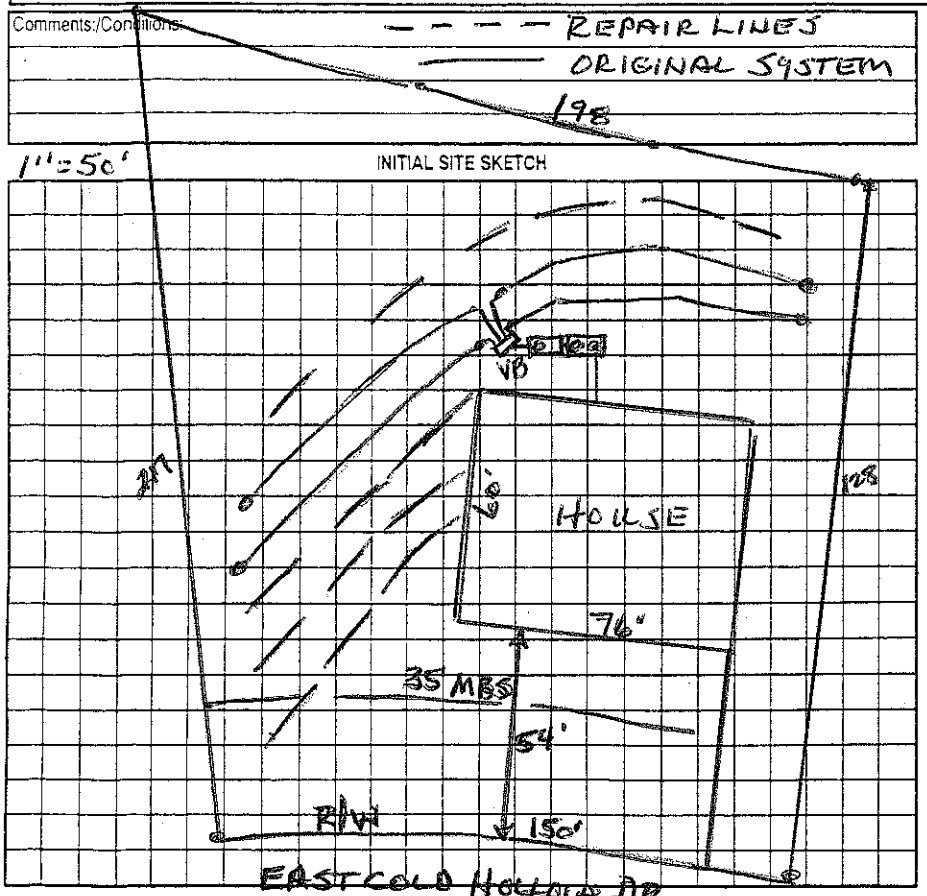
Water Supply: [ ] Individual [X] Public [X] Community

Gravel Depth No [ ] Gravity [X] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions: ---- REPAIR LINES
——— ORIGINAL SYSTEM

Comments/Conditions: 2/21/07 - Changed to LP-PPBPS due to increased house footprint from Craig Carter

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: [signature] date 2/21/07 Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks RS date 2/21/07 Operation Permit by: [signature] date 7-26-07

Authorization to Construct by: Wesley Sparks RS date 2/21/07 Existing System Inspection by: _____ date _____

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