87495

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~25781~~ PIN# ~~3C 6-4-844~~ (4629-72-0760) DATE 8/21/2001

OWNER OR CONTRACTOR James Holleman PHONE: ~~Business~~ Mom's 872-5428 Home 872-5238

ADDRESS 344 Clark St. Statesville, NC 28677

LOCATION Perth Rd. TR State Park Rd TL Morrison Farm ~2miles on right at Chicory Ln

SUBDIVISION ~~Lake Norman~~ BLOCK / SECTION 17 LOT 844 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Date 9-23-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 6@67 Trench Width 36" Max Trench Bottom Depth 38" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Pump - Innovative
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

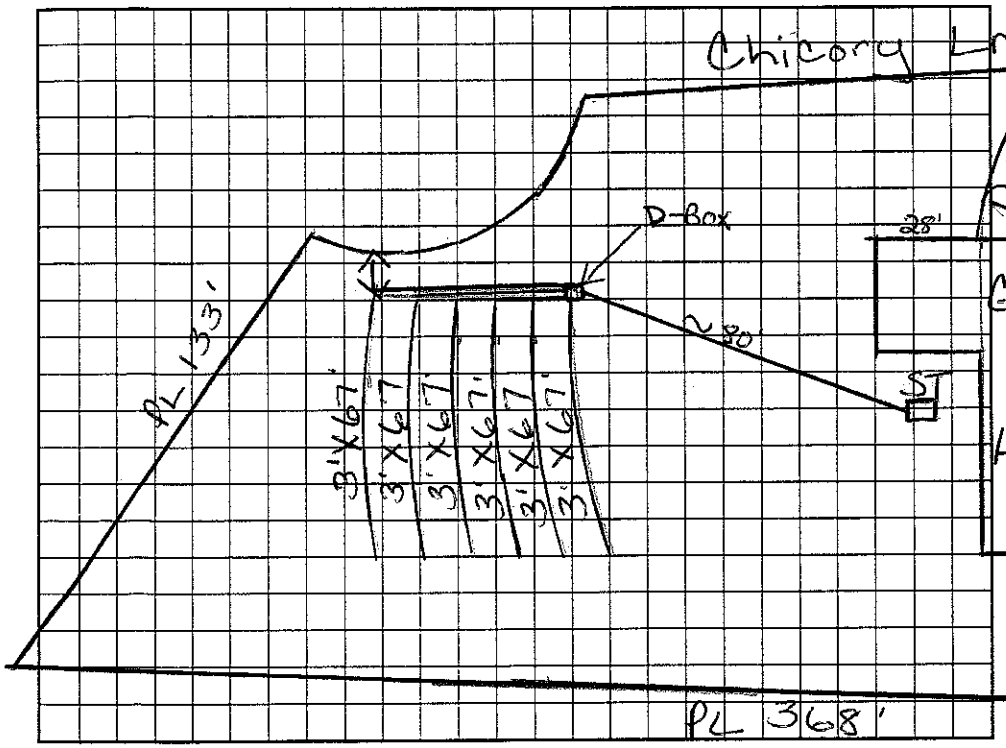
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

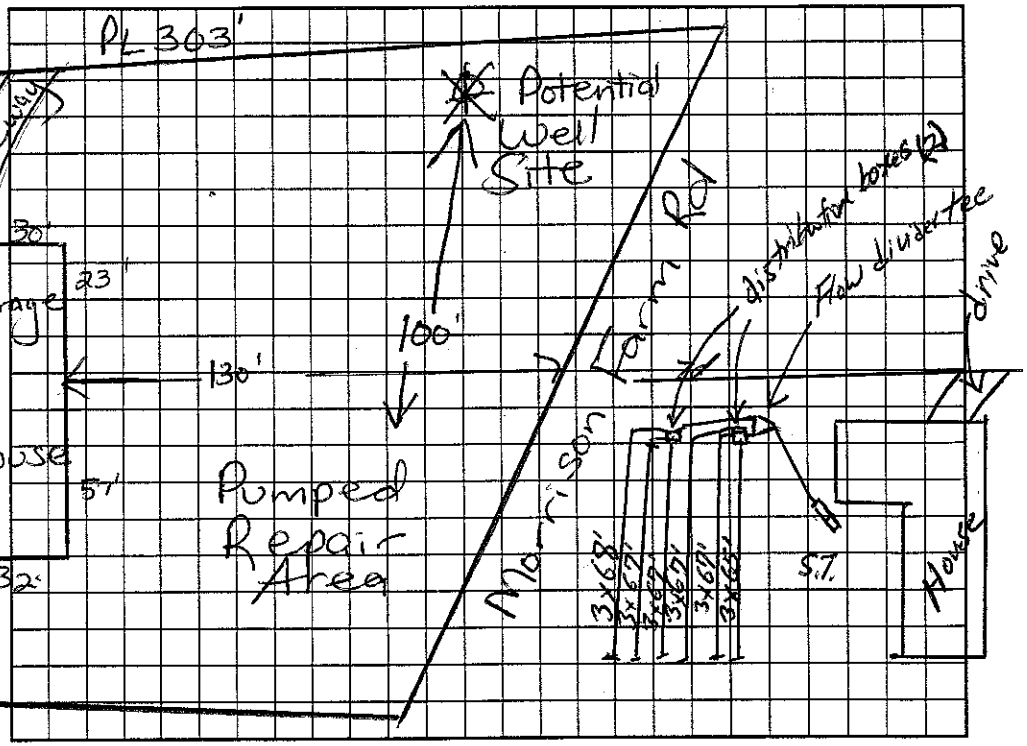
Comments:/Conditions: Keep Septic System at least 10' From PL, 100' to well & 15' From cuts ∠2'.

Comments:/Conditions: - Zabel Filter & ST Marker Installed
- Installed 400 ft Conventional system w/ 12" Gravel

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 Michael Holleman date 8/23/01
Improvement Permit by: Maria H. H. Dolan RS. date 8/21/2001
Authorization to Construct by: Maria H. H. Dolan RS date 8/21/2001

Installed by: Wes Lytton
Operation Permit by: William C. Johnson date 10-31-03
Existing System Inspection by: _____ date _____

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