IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103621 PIN# 4648-34-4542 DATE 12/4/01

OWNER OR CONTRACTOR Brad Tingley PHONE: Business 704 239-0864 Home 704 872 3783

ADDRESS 108-D Auburn Statesville NC 28625

LOCATION 150w, TR Bluefield, TL Big Indian, ON Corner with Churchill

SUBDIVISION CL+T BLOCK / SECTION 12 LOT 1066 LOT AREA 1.75 AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 794 Date 5/26/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1032 Linear Feet 344

No Lines 4@86' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Pump Conventional

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

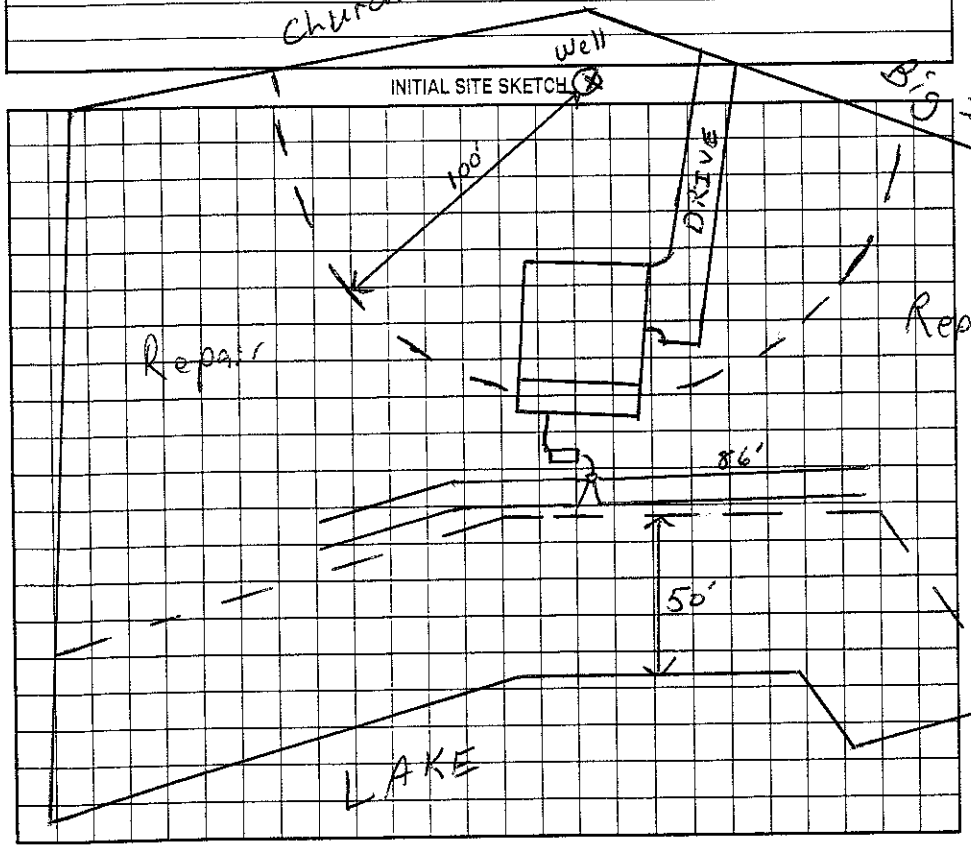
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

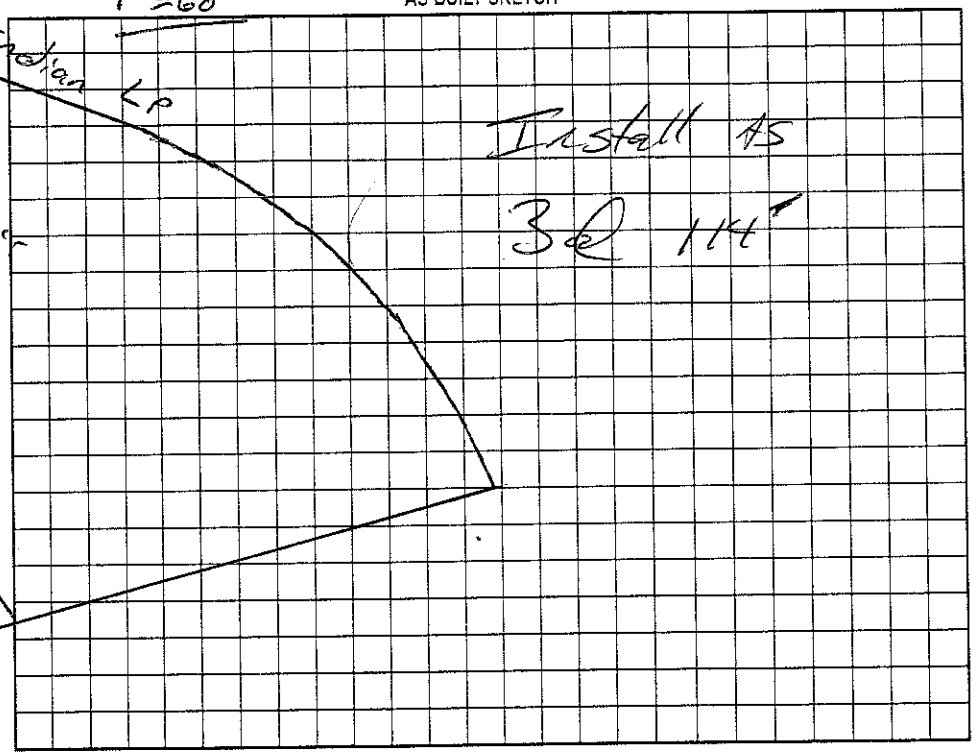
Comments:/Conditions:

Keep Well 100' from Septic System - Install Lines on contour

INITIAL SITE SKETCH



AS BUILT SKETCH 1"=60'



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 12/6/01 Installed by: Howard's Backhoe

Improvement Permit by: RSI date 12/4/01 Operation Permit by: RS date 7/2/02

Authorization to Construct by: RSI date 12/4/01 Existing System Inspection by: _____ date _____

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