IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086640 PIN# 4649872149

OWNER OR CONTRACTOR Robert Plyler PHONE: Business Cell 450-7355 Home 528-0957 DATE 3/24/2000

ADDRESS 172 Sorrell Trl Statesman NC 28166

LOCATION Hwy 115 S TL Flowerhouse TL Rankin Hill TL Sorrel on right

SUBDIVISION Paloma No Park BLOCK / SECTION ____ LOT 17 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 - .35

Septic Tank: 1000 Gallons; STB 1009 Date 4/15/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360'+

No Lines 3 Trench Width 36" Max Trench Bottom Depth 20"-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

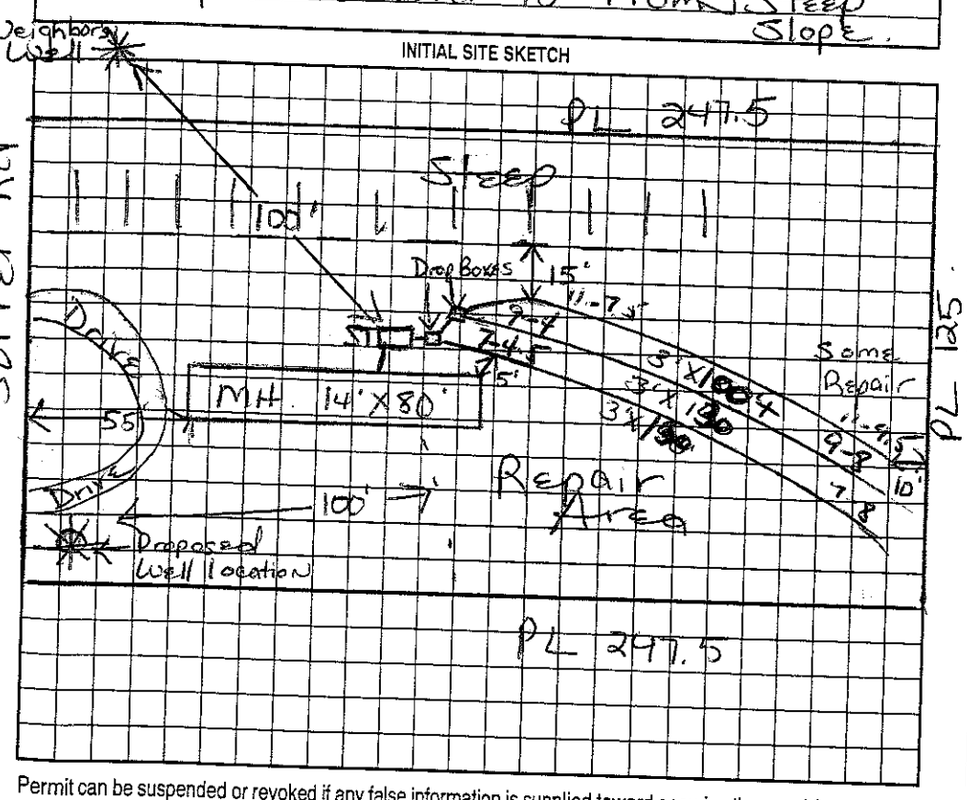
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

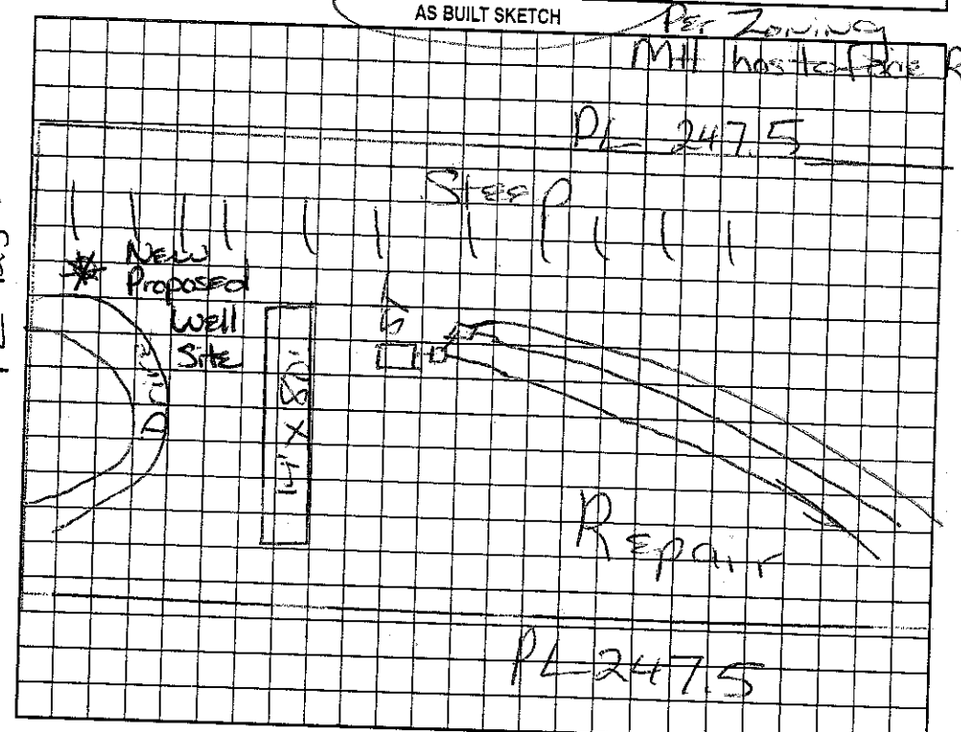
Comments:/Conditions: Keep Septic System 10' From PL, 5' From house & 100' From any well Keep drainfield 15' from steep Slope.

Comments:/Conditions: Try to keep lines on contour & get them as long as possible. Install 9' on center.

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: Robert Plyler date 3-24-00 Installed by: James Hatton Travis Enterprises

Improvement Permit by: Maria H. H. Dotson RS. date 3/24/2000 Operation Permit by: Wesley Sparks RS date 6/9/00

Authorization to Construct by: Maria H. H. Dotson RS date 3/24/2000 Existing System Inspection by: ____ date ____

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