IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133251 PIN# 4658295721 4658281731 DATE 1-23-06

OWNER OR APPLICANT Kay Gibson PHONE: Business 704-875-5538 Home 704-663-5463

ADDRESS 167 M&M Farms Drive

LOCATION Hwy 21 N TL Barfield TL M&M Farms Dr. on left

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA 47.19 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .39 gpd / ft²

Septic Tank: 1000 Gallons; STB 1007 Date 1/5/06
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 26" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Conventional, gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

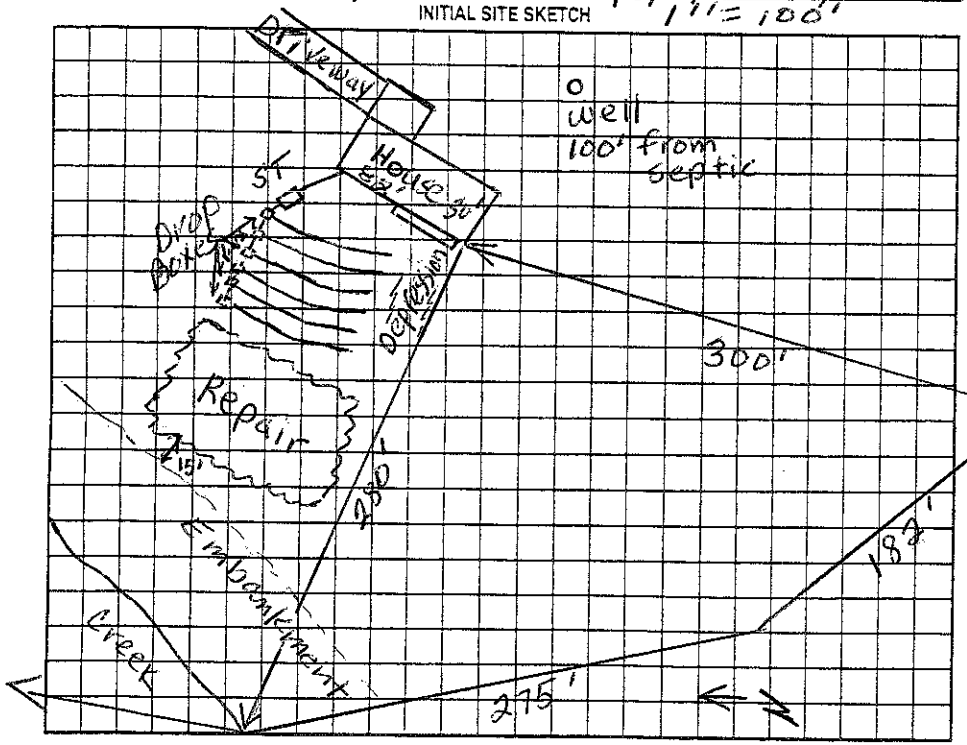
Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

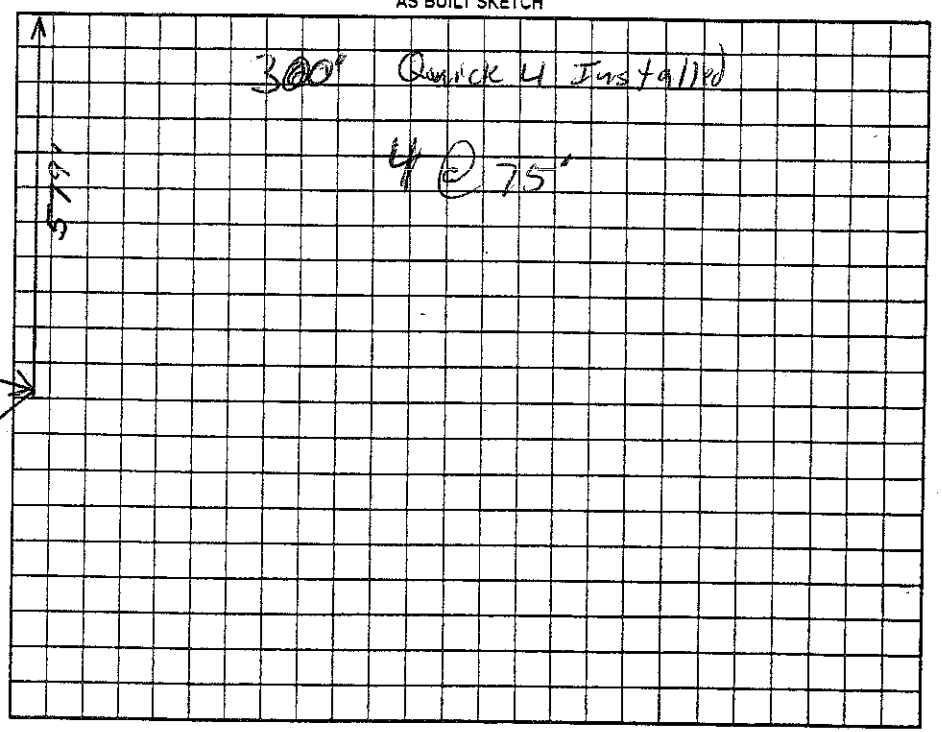
Comments/Conditions: An accepted system may also be used
Max. trench bottom 26"
To allow for 1/8" per ft. fall for supply line,
Trench lines may move downslope, up to 10', if necessary

Comments/Conditions:

INITIAL SITE SKETCH 1" = 100'



AS BUILT SKETCH



To M and M Farms Dr.

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: Kay Gibson date 1-25-06 Installed by: Abernathy

Improvement Permit by: Judy Melville date 1-23-06 Operation Permit by: RS date 3/31/06

Authorization to Construct by: Judy Melville date 1-23-06 Existing System Inspection by: ____ date ____

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