Addid out building on site 4/09.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148880 PIN# 4703-02-2232 DATE 27 MARCH 08

OWNER OR APPLICANT Shane Brown PHONE: Business _____ Home 704-902-7632

ADDRESS 114 Happy Acres Dr. Statesville, N.C.

LOCATION 114 Happy Acres Dr. Statesville, N.C. Across from Hearthstone Dr.

SUBDIVISION ~~Tri-Forest~~ BLOCK / SECTION _____ LOT 1 LOT AREA 0.46ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3g/FP2/D

Tri-Forest

Septic Tank: 1000g Gallons: STB 760 Date 1-8-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300'

No Lines _____ Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

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: * Fill over system 4" with approved fill material. Follow contours

Comments/Conditions: Polylock filter

INITIAL SITE SKETCH

Please See Attached Layout.

AS BUILT SKETCH

Installed As Drawn

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 3-27-08

Improvement Permit by: J. Wiggins, R.S. date 27 March 08

Authorization to Construct by: J. Wiggins, R.S. date 27 March 08

Installed by: Tim Abee

Operation Permit by: J. Wiggins, R.S. date 24 April 08

Existing System Inspection by: _____ date _____

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

3793-82-9344

1010

HICKORY HWY

110

Drive

Paved Area

65'

3 Br. Home

52'

4703-02-2282

35'

178

208

186

4703-02-3332

2

1000

162

4703-02-5271

68

Paved Area

1

60'

110

64

4703-02-5118

4703-02-1132

990

46

4703-02-4055

23

N

W

E

S

1 inch equals 30 feet