IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11672 PIN# 4703-12-0714 DATE 5-10-04

OWNER OR CONTRACTOR LAYLA GOIN PHONE: Business _____ Home [redacted] 828-256-3216

ADDRESS 2830 16th St NE Apt 73 Hickory, N.C. 28601

LOCATION To WEST, L Hidden brook

SUBDIVISION MEADOW CREEK BLOCK / SECTION _____ LOT 5 LOT AREA 0.58 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3-14-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ=1200 Linear Feet 200'
No Lines 6x33 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV 50% REDUCT
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

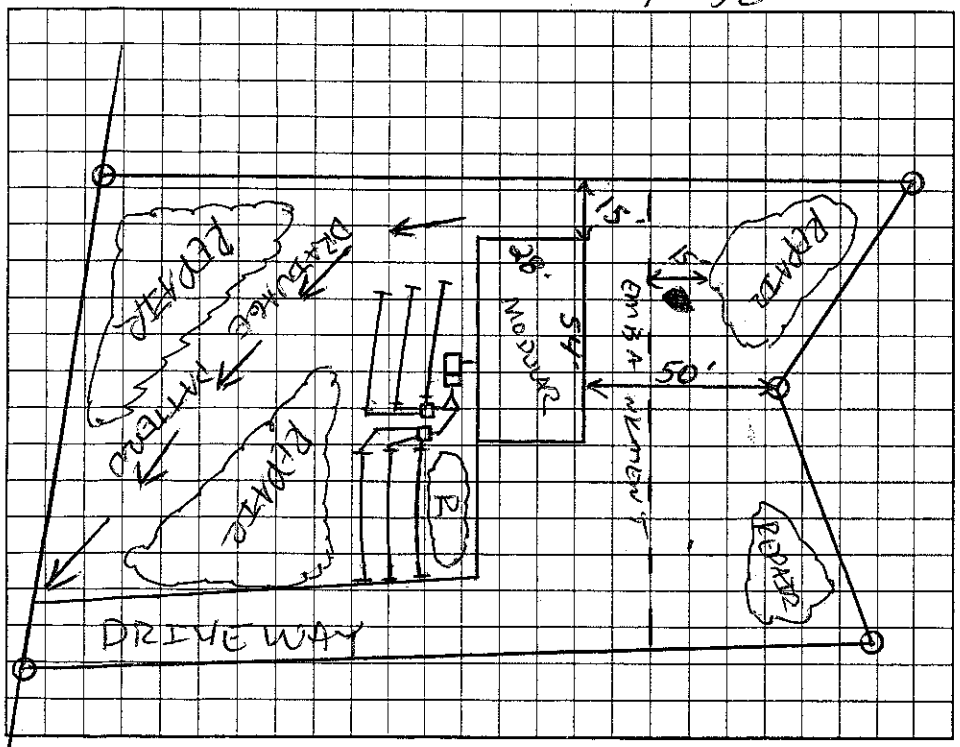
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

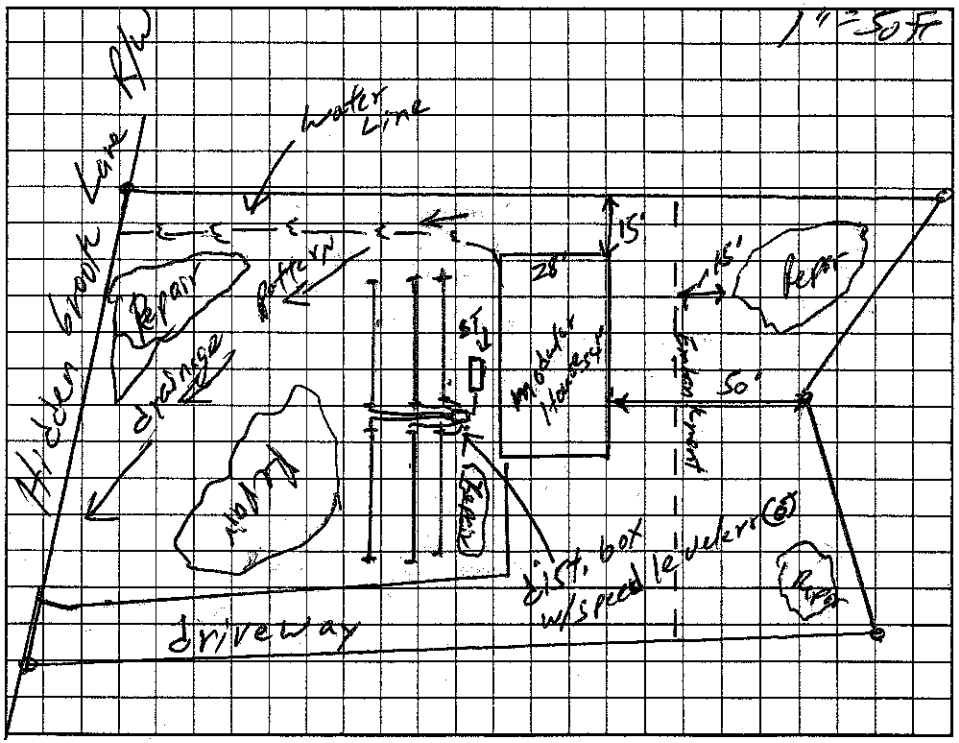
Comments/Conditions: (1) INSTALL 6 LINES OF 50% REDUCT, USING 2 DIST BOX'S WITH SPEED LEVELERS & 1 FLOW DIVIDER TEE AS DRAWN (3) MAINTAIN SETBACKS & INSTALL LINES ON CONTOURS (3) KEEP H2O LINE 10' FROM ANY PART OF SYSTEM.

- Tuff - Tite filter & ST marker Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH 1"=50Ft



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: Jeffrey S Payne date _____ Installed by: Todd Bentley

Improvement Permit by: [signature] date 5-10-04 Operation Permit by: William O. Johnson date 8/5/04

Authorization to Construct by: [signature] date 5-10-04 Existing System Inspection by: _____ date _____

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