IREDELL COUNTY HEALTH DEPARTMENT

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

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

(C) (CI)

PERMIT# 147856 PIN# 4703-56-1651 DATE 1-31-08

OWNER OR APPLICANT STATESVILLE HOUSING CENTER PHONE: Business 704-924-9393 Home

ADDRESS 186 NORTH SHADY REST ROAD, STATESVILLE NC 28677

LOCATION US 70 EAST TR N. SHADY REST ROAD, 2ND LOT ON RIGHT PAST ADKINS LANE

SUBDIVISION MORROW MEADOWS BLOCK / SECTION LOT 23 LOT AREA 0.57 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10-5-07
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EQUIV 1200 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION, SPANIM
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

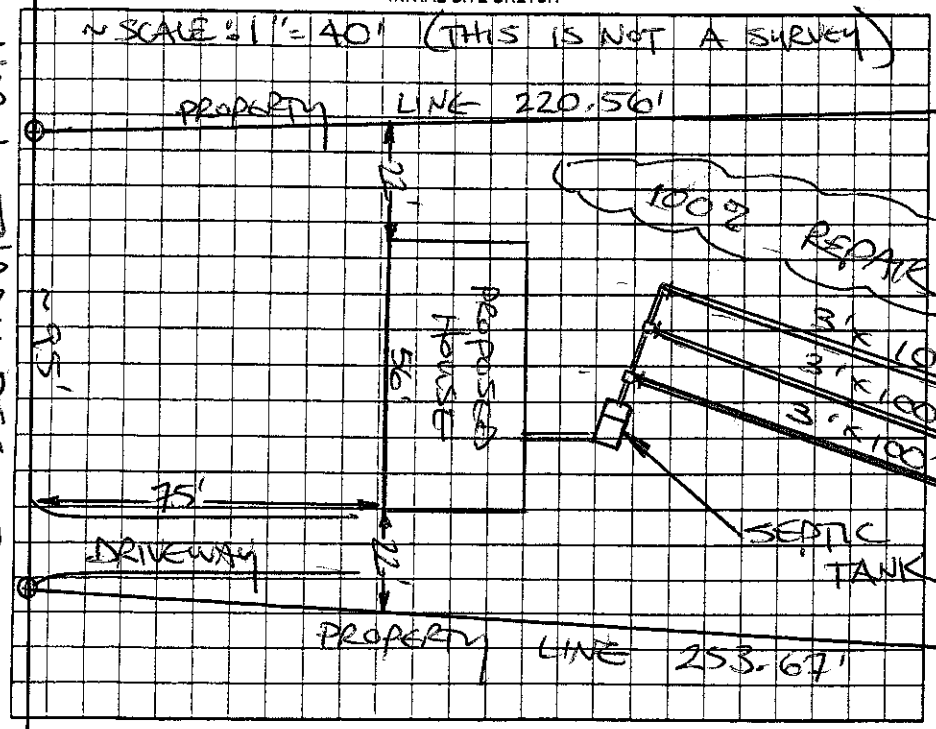
Water Supply: ☐ Individual ☑ Public ☐ Community

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

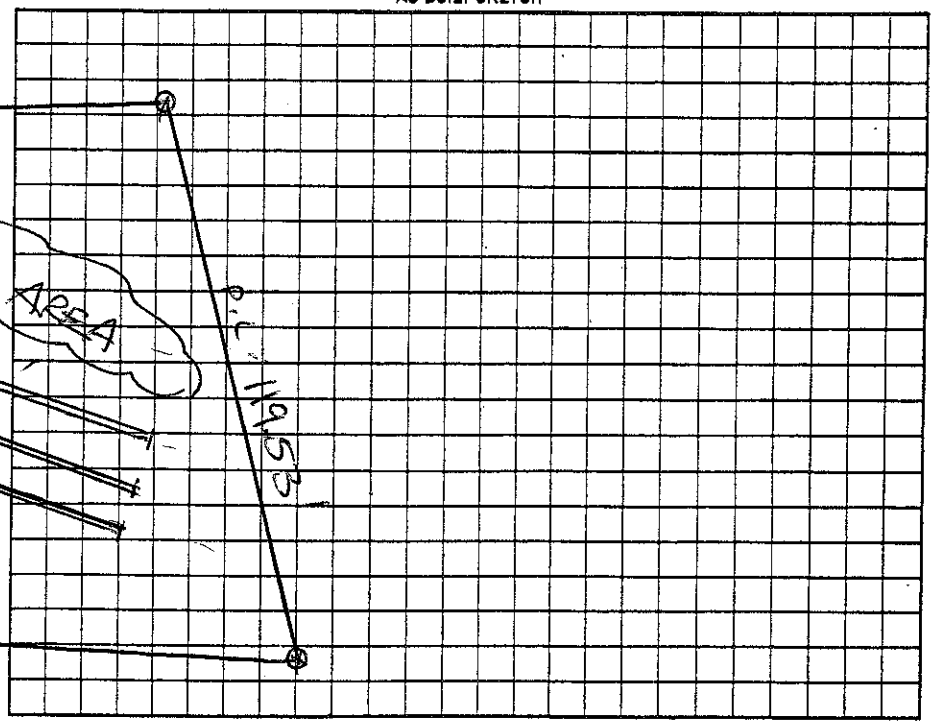
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR ② REMOVE EXISTING FIELD TERRACES

Comments:/Conditions:

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: date 2/1/08 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 1-31-08 Operation Permit by: date 3-11-08

Authorization to Construct by: date 2-29-08 Existing System Inspection by: date

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