IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 14786I PIN# 4703-56-5767 DATE 1-29-08

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

ADDRESS 118 ADKINS LANE, STATESVILLE, NC 28677

LOCATION US 70 WEST, TR N. SHADY REST ROAD, TR ADKINS LANE, 4TH LOT ON RIGHT

SUBDIVISION MORROW MEADOWS BLOCK / SECTION LOT 43 LOT AREA 0.697 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 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 EQ.TO 1440 Linear Feet 360

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☑ Gravity ☐ Pressure

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

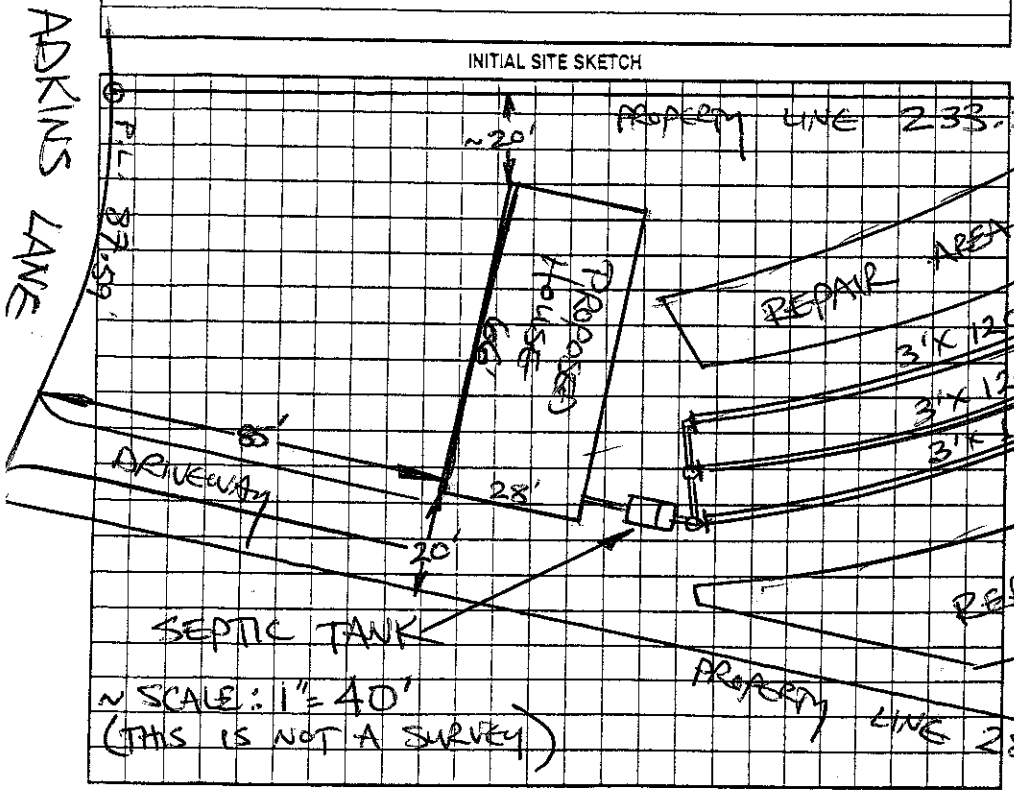
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ① REMOVE EXISTING FIELD TERRACES

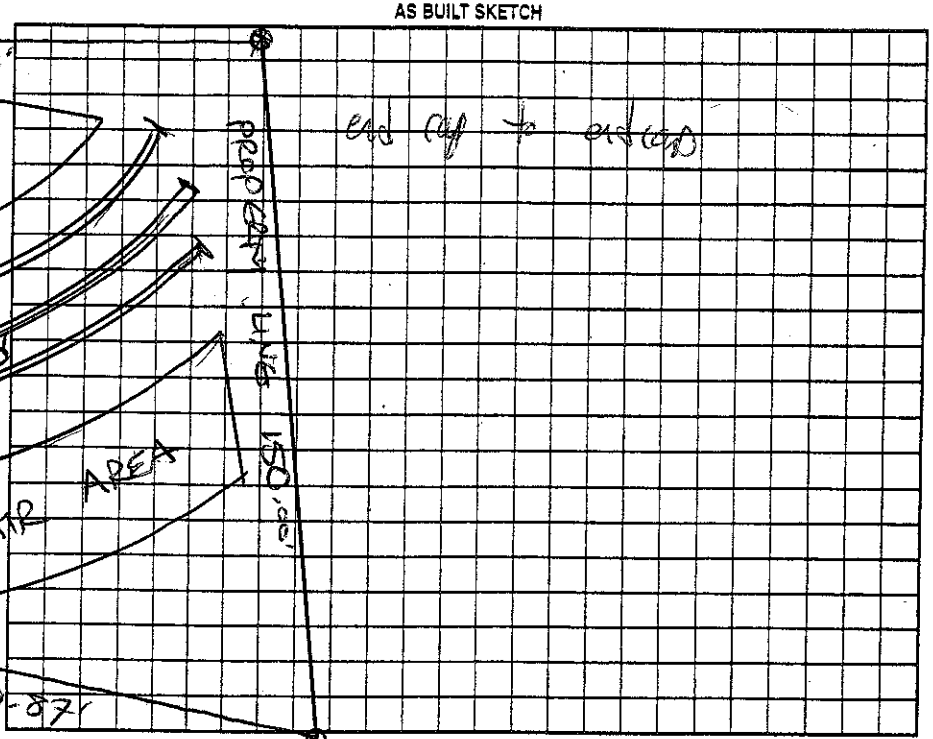
② INSTALL 25% REDUCTION SYSTEM ON CONTOUR

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

Improvement Permit by: STEVE HENDRICK date 1-29-08 Operation Permit by: date 3-10-08

Authorization to Construct by: date 2-21-08 Existing System Inspection by: date

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