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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137819 PIN# 4703-83-2226 DATE 09/29/06

OWNER OR APPLICANT ALL SEASONS CONT. (RANDY MYERS) PHONE: Business 704-902-3199 Home 704-878-0616

ADDRESS 122 PARKERS GROVE LN. STATESVILLE, NC 28677 (PROPERTY ADDRESS)

LOCATION I-40 WEST, (L) OLD MTN. RD., (R) LEWIS FERRY RD, (R) GRACE LYNN DR, (L) PARKERS GROVE, RIGHT ON CUL-DE-SAC,

SUBDIVISION THREE OAKS BLOCK / SECTION 3 LOT 54 LOT AREA 1.03 ACRES SITE CLASS. PS DESIGN FLOW 240GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,000 Gallons; STB Dell-Tron Date 2-5-07
Pump Tank: 1,000 Gallons; PT 1000 Date 2-28-07
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ to 960 Linear Feet 240'
No Lines 3@80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION, PUMP
Repair System Description: 50% REDUC, LOW PRESSURE 25% REDUC.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Persons ____ No. Employees ____

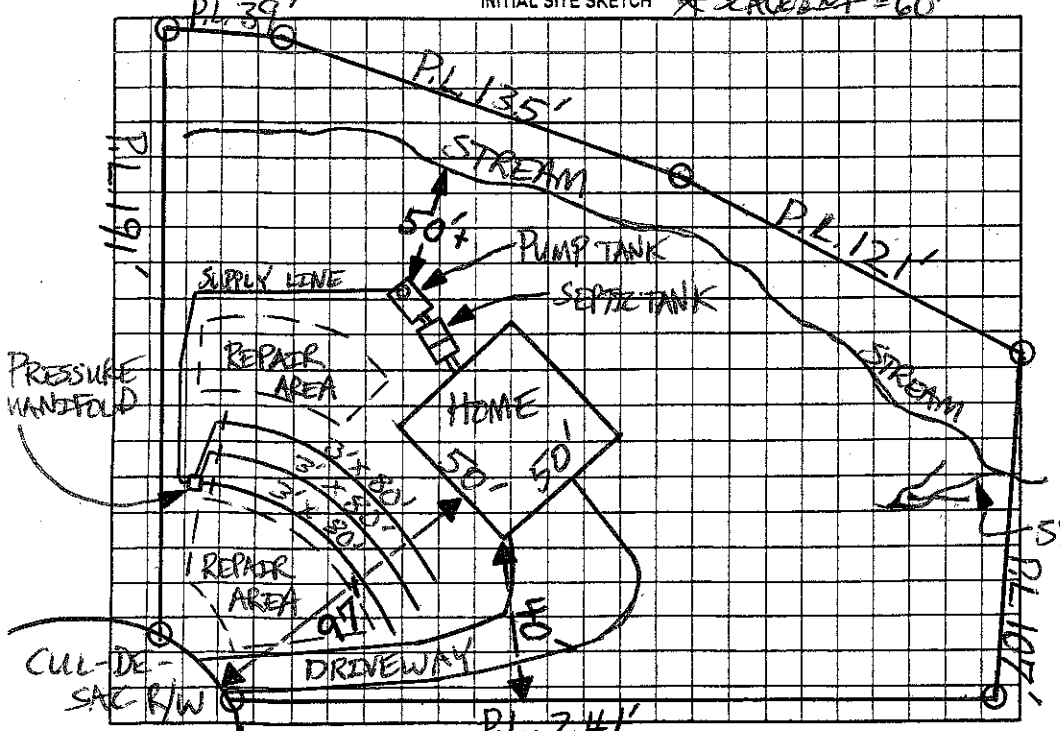
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: (1) DO NOT GRADE OR CUT DRIVEWAY, THIS WILL DAMAGE SYSTEM AREA. (2) SEE ATTACHED PUMP AND PRESSURE MANIFOLD DIAGRAMS & INFO. (3) USE 30" MAX TRENCH BOTTOM DEPTH.

Comments/Conditions:

INITIAL SITE SKETCH ✕ SCALE: 1" = 60'



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 10/10/06

Improvement Permit by: _____ date 09/29/06

Authorization to Construct by: _____ date 10/10/06

Installed by: Joe Perkins

Operation Permit by: _____, R.S. date 13 Apr 07

Existing System Inspection by: _____ date _____

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