This Permit Voids previously issued Permit 1/29/01.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093785 PIN# 4703836282 DATE 6/14/01

OWNER OR CONTRACTOR Quail Hollow Building Co. PHONE: Business (704) 902-1089 Home (704) 528-0598

ADDRESS 212 Capel Drive Statesville NC 28677

LOCATION Hwy 70 ② Old NCRR Rd. ⓐ Lewis Ferry ⓑ Grace Land ⓒ Gum Hollow Ch. or ⓓ

SUBDIVISION Three Oaks BLOCK / SECTION – LOT 60 LOT AREA .67 Ac. SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1012 Date 12-15-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model Geyelectro Serial No. 12584

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet _____

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth –

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

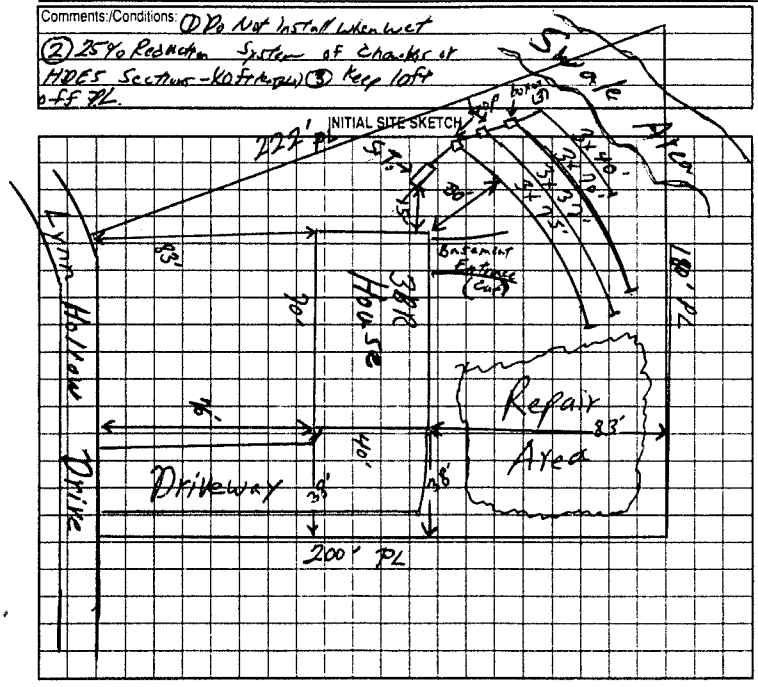
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Do Not Install When Wet ② 25% Reduction System of Chambers at HDES Section-KO Fittings ③ Keep 10ft off PL

INITIAL SITE SKETCH



Comments/Conditions: – Poly Lok Filter Installed – Septic Tank marker – Infiltrator Chambers Installed (42).

AS BUILT SKETCH

Installed as shown per Initial Site 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: Keith Sees date 6-14-01 Installed by: Dale Winkler

Improvement Permit by: William O. Johnson RSI date 6/14/01 Operation Permit by: William O. Johnson date 6/15/01

Authorization to Construct by: William O. Johnson RSI date 6/14/01 Existing System Inspection by: _____ date _____

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