IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 27339 PIN# 4703-94-5383 DATE 7-26-05

OWNER OR CONTRACTOR QUAIL HOLLOW BLDG CO PHONE: Business 704-902-1089 Home 704-878-6200

ADDRESS 212 CANAL DRIVE Statesville NC 28677

LOCATION 40 WEST (L) OMR [redacted] (R) LEWIS FERRY (R) GRACELYNN (R) ENGLISH OAKS ATEND IN (CUL DE SAC

SUBDIVISION THREE OAKS BLOCK / SECTION III LOT 32 LOT AREA 1.773 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1015 Date 9-6-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ERT=1200 Linear Feet 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth N/A

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: 60W 25%D REDUCT
Repair System Description: LP 50' REDUCT
Maintenance Agreement Required: [ ] Yes [X] No

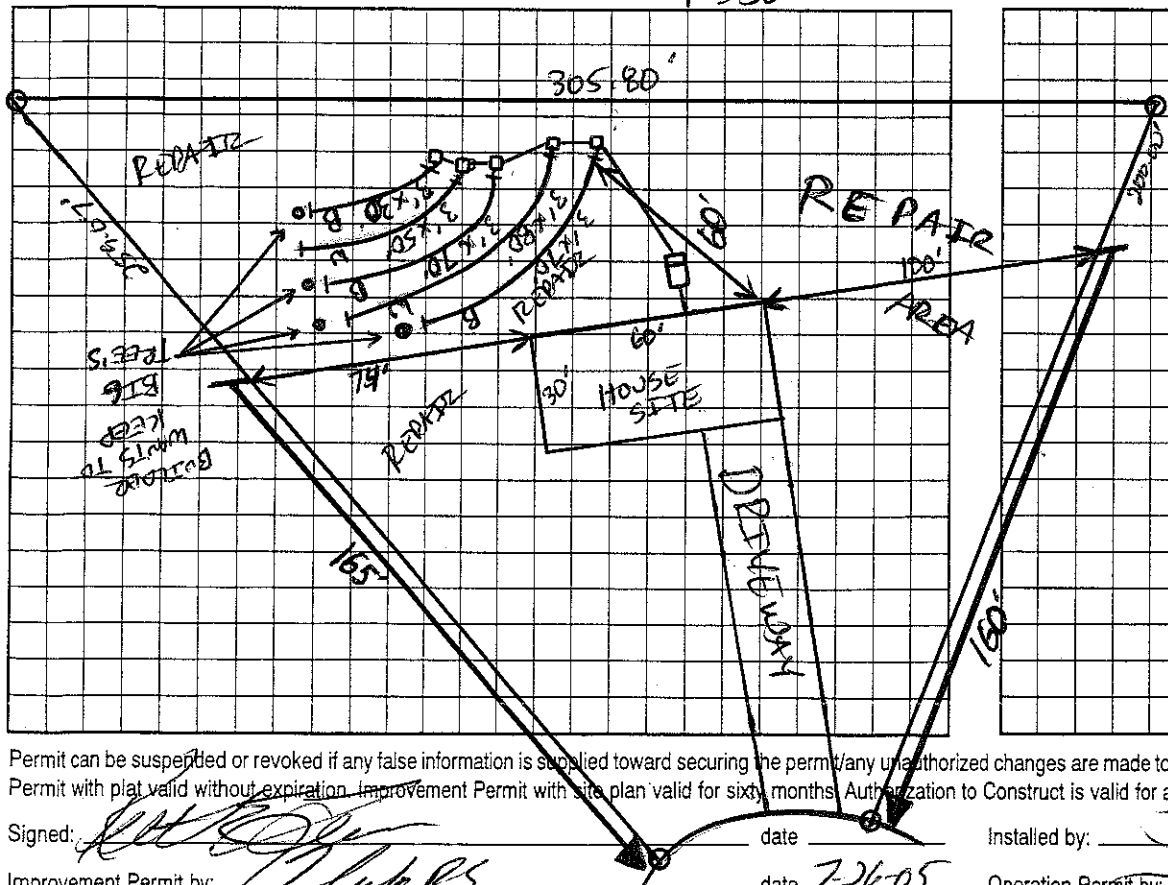
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

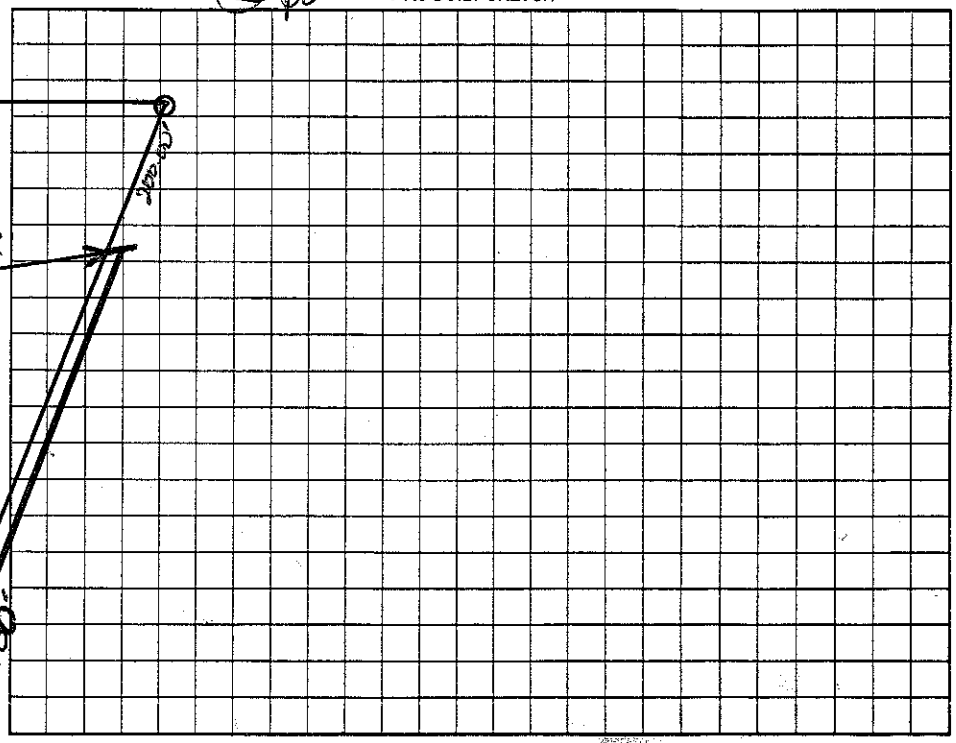
Comments:/Conditions: (1) NOTE MAXIMUM TRENCH BOTTOM DEPTH (2) ALL LINES ARE FLAGGED ON CONTOUR & HOUSE IS FLAGGED (3) MAJOR MIN SETBACKS

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 ____ Installed by: JAMES Hudler

Improvement Permit by: [signature] date 7-26-05 Operation Permit by: [signature] date 10-27-06

Authorization to Construct by: [signature] date 7-26-05 Existing System Inspection by: ____ date ____

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