THIS REPLACES PERMIT ISSUED 2-27-07

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14064l PIN# 4704833072 DATE 6-3-08

OWNER OR APPLICANT Norman Patterson PHONE: Business 704 657 4676 Home 704 873 9788

ADDRESS 175 La Rue Cir. Stat.

LOCATION I-40 West, TR Old Mountain Rd, TR La Rue Circle, lot 3 mile on left

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA 1.172 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5-19-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Conventional Gravity
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☑ No

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

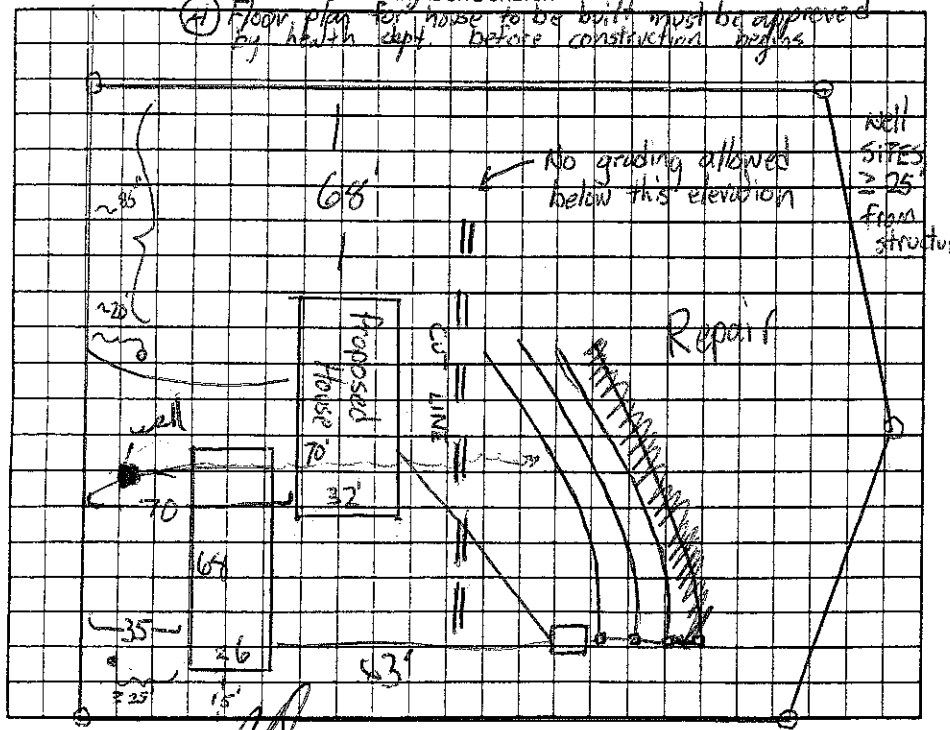
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:
1. Keep system minimum 100 ft from well
2. An "accepted" system may also be used.
3. Mobile home must be disconnected from existing system and removed from lot before house is connected to system
4. Floor plan for house to be built must be approved by health dept before construction begins

Comments/Conditions: Poly-lock fittings

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Infiltrator Quicky
300 Ft. 3 lines - 100' in length as shown on site plan.
Well 100' from the lines

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 6-3-08 Installed by: Marty Tucker

Improvement Permit by: ____ date 6-3-08 Operation Permit by: ____ R.S. date 1 July 08

Authorization to Construct by: ____ date 6-3-08 Existing System Inspection by: ____ date ____

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