IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101110 PIN# 4705-34-~~0994~~ 4788

OWNER OR CONTRACTOR Francine Parker (Lot) PHONE Business (704) 832-4437 (work) Home (704) 872-5852 DATE 7/10/01

ADDRESS 144 Hallmark Estates Drive Statesville N.C. 28625

LOCATION I-40 W (R) old Mtn Road (R) Massey Dead Road (L) Spearpoint Lane lot on Right before Cu-de-Sac

SUBDIVISION Flint Ridge BLOCK / SECTION — LOT 18 LOT AREA 2 3.5 Acres SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1012 Date 6-16-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

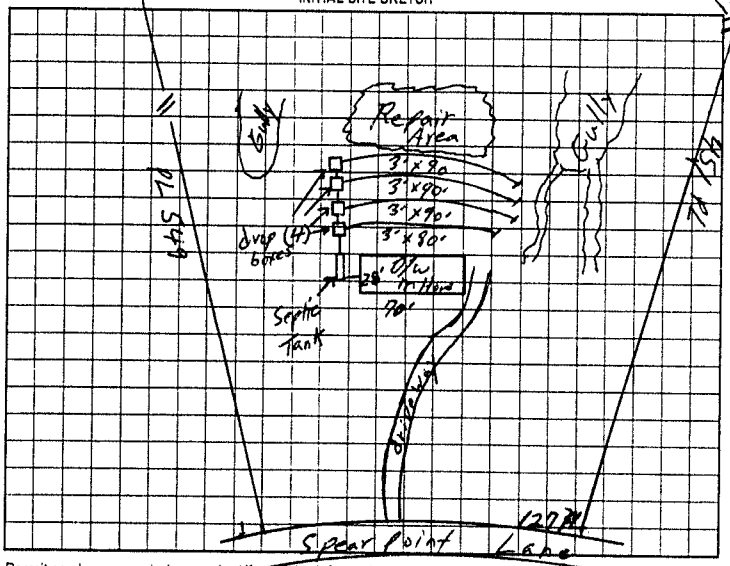
[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Gravity, Conventional
Repair System Description: 50% Reduction, Gravity
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home No. Bedrooms ____
[X] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____

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

Comments/Conditions: (1) Install Lines on Contour (2) maintain required setbacks for all drain lines (3) Remove old Field terrace.

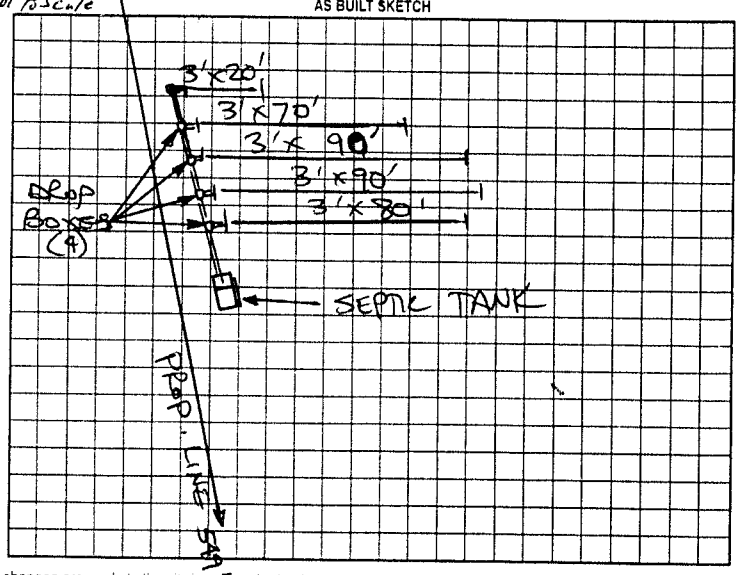
INITIAL SITE SKETCH



Comments/Conditions (1) SYSTEM ACTREED AS SHOWN WITHOUT PRIOR HEALTH DEPT. APPROVAL (2) SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

AS BUILT SKETCH

Not to Scale



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: Francine E. Parker date 7-11-01

Improvement Permit by: William A. Johnson date 7/16/01

Authorization to Construct by: William A. Johnson date 7/16/01

Installed by: CRAIG THOMPSON

Operation Permit by: STEVE HEDRICK date 8-3-01

Existing System Inspection by: ____ date ____

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