IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079424 PIN# 4706 84 7717 DATE 2-26-99

OWNER OR CONTRACTOR TONYA FAUSNIGHT PHONE: Business Home 873-4190

ADDRESS 377 AIRPORT ROAD STATESVILLE NC 28677

LOCATION NC 90 W, TR SCOTS CREEK, TR DECCA LANE, TR JIM LANE, ON (R) AT END

SUBDIVISION LARKIN SLOAN BLOCK / SECTION LOT 6 LOT AREA 6.92 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 620 Date 2-29-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1980 Linear Feet 660
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

✓ New System Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required Yes ✓ No

✓ House/Mod. Home No. Bedrooms 4
Mobile Home No. Bathrooms 2½
Business No. Employees
Other

Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

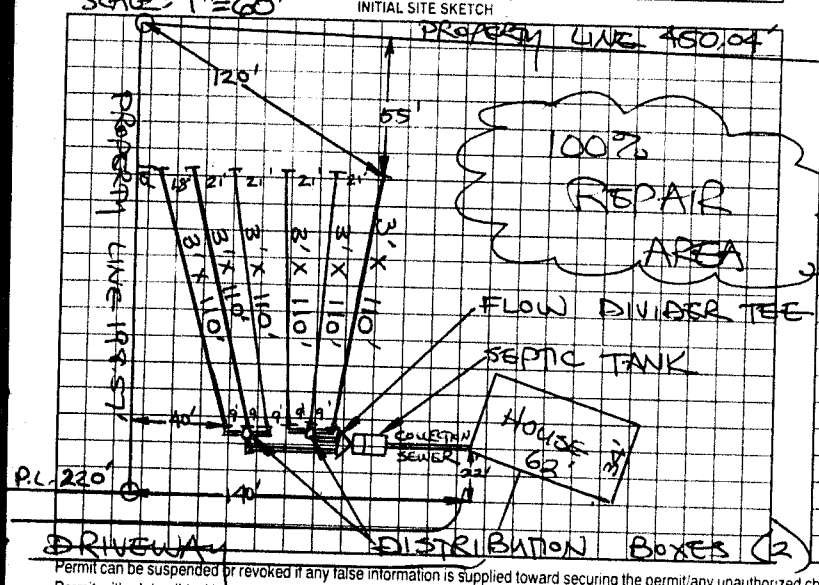
Water Supply: Individual ✓ Public Community

Comments/Conditions: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH.

Comments/Conditions

SCALE: 1"=60'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Tonya Fausnight date 2-26-99

Improvement Permit by: STEVE HEDRICK date 2-26-99

Authorization to Construct by: STEVE HEDRICK date 2-26-99

Installed by: Kal Bachtue

Operation Permit by: [illegible] RS date 5-5-99

Existing System Inspection by: date

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