(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145984 PIN# 4713-87-8773 DATE 6 November 07

OWNER OR APPLICANT Eric Reynolds PHONE: Business 704-902-3214 Home 704-876-0487

ADDRESS 119 Green Meadow Ln. Statesville, N.C

LOCATION Hwy 70 W - TL McMahon TL Greenwich TL Heathrow Ln. - Lot on Left.

SUBDIVISION The Landings BLOCK / SECTION 3 LOT B44 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360/d L.T.A.R. 0.3g/Ft²/d

Septic Tank: 1000g Gallons; STB w/PIGG STB-1000 Date 11-15-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300
No Lines 4 Trench Width 36 Max Trench Bottom Depth 36

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
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 N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Follow Contour / Honor Setback requirements.

Comments/Conditions: Filter Installed.

INITIAL SITE SKETCH

Please see Attached Lay-out design.

AS BUILT SKETCH

Full-cap to end-cap distribution - otherwise installed as drawn on lay-out.

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 7 Nov. 07

Improvement Permit by: _____, R.S. date 6 Nov. 07

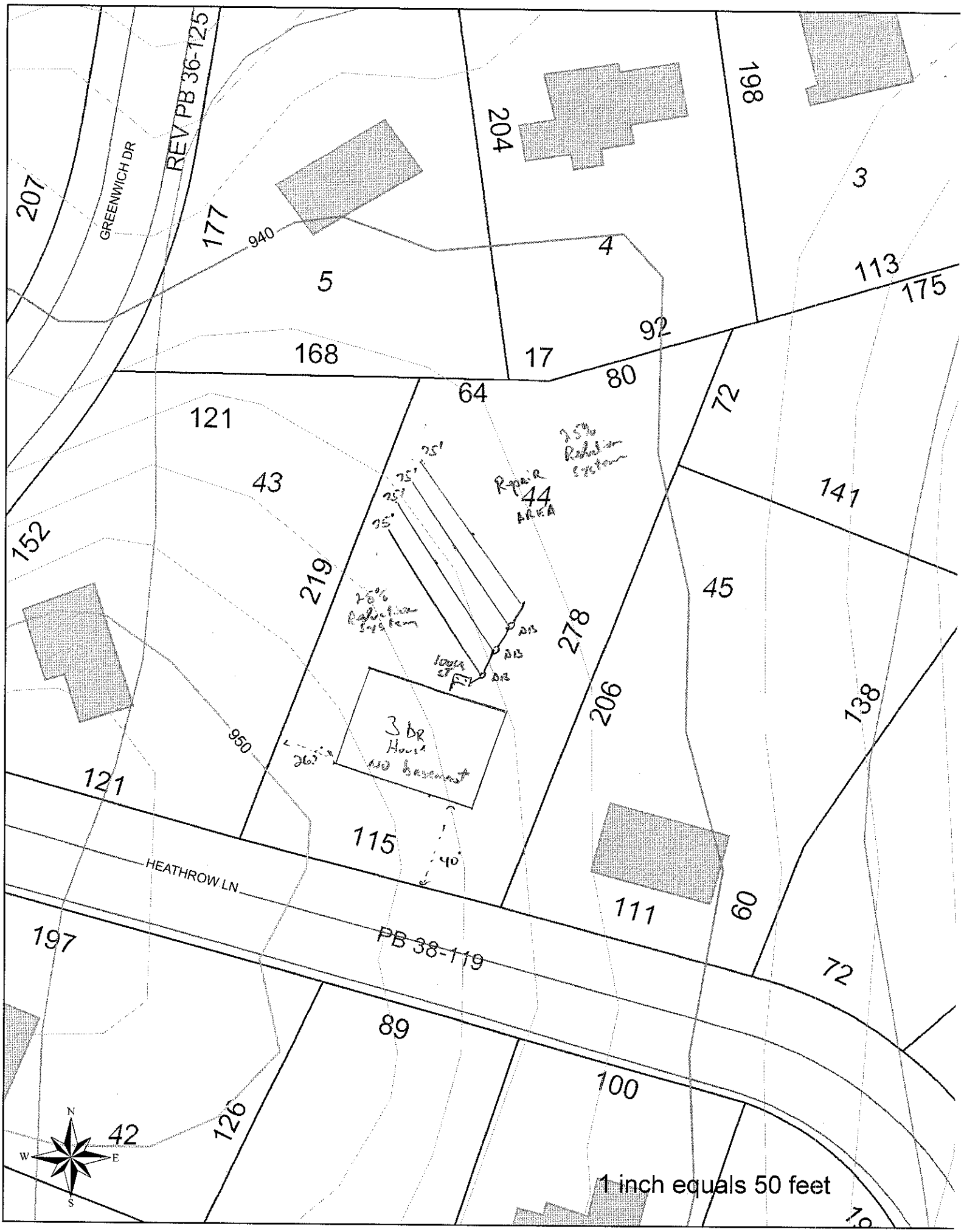
Authorization to Construct by: _____, R.S. date 6 Nov. 07

Installed by: _____

Operation Permit by: _____, R.S. date 11 Feb. 08

Existing System Inspection by: _____ date _____

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


REV PB 36-125
GREENWICH DR
HEATHROW LN
PB 38-119
207
177
940
204
198
3
4
5
113
175
92
168
17
64
80
72
121
43
44
141
152
219
45
278
206
138
950
121
115
111
60
197
89
100
72
126
42
25'
25'
25'
25'
Repair AREA
25% Reduction system
25% Reduction system
3 BR House
NO basement
DB
DB
DB
40'
N
W
E
S
1 inch equals 50 feet