4-T Frye

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89016 PIN# 4715704475 DATE May 17 2000

OWNER OR CONTRACTOR Chris Love PHONE: Business _____ Home 838-0171

ADDRESS 181 Quarter Horse Ln Statesville NC

LOCATION Island Ford from Old NTRd (L) on Cannon (R) Quarter Horse To end on Right Through Field

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6/18/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400+
No Lines 3 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: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3/2
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

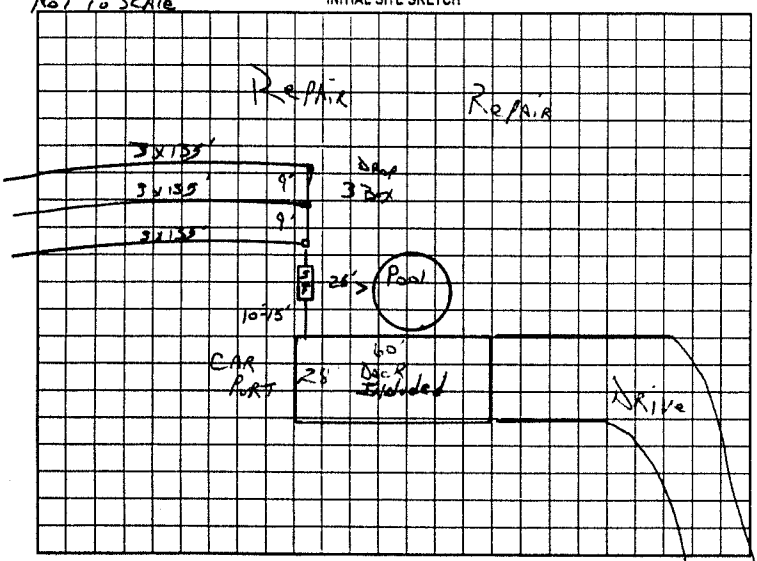
Water Supply: ☒ Individual ☐ Public ☐ Community
Well

Comments:/Conditions: Install on Contour
May use distribution box w/ spread Lenab
Locate well 100ft or max feasible distance from (5ft min) Septic system

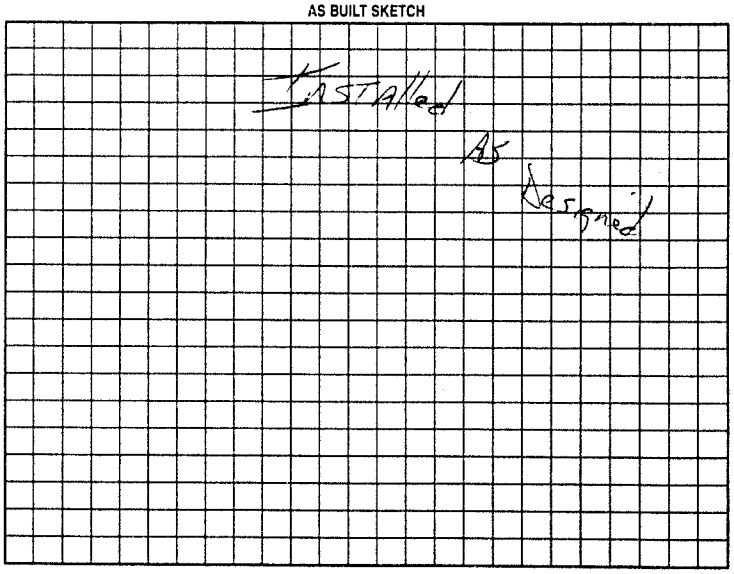
Comments:/Conditions:

Not To Scale

INITIAL SITE SKETCH



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 5-17-00 Installed by: Tommy Frye

Improvement Permit by: C Potter date May 17 2000 Operation Permit by: C Potter date July 28 2000

Authorization to Construct by: C Potter date May 17 2000 Existing System Inspection by: _____ date _____

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