IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 153032 PIN# 4715-47-3769.000 64 DATE 30 October 08

OWNER OR APPLICANT Terry J. Pierce PHONE: Business 704-872-2943 Home 704-437-6315

ADDRESS 3939 Taylorsville Hwy Statesville, N.C.

LOCATION Hwy 90 Town side Old Lenoir Rd. Prop on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA 0.80 ac SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons: STB 160 Date 9-8-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200

No Lines 3 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

Gravel Depth _____ ☑ Gravity ☐ Pressure

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☑ Other

No. Bedrooms 2 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

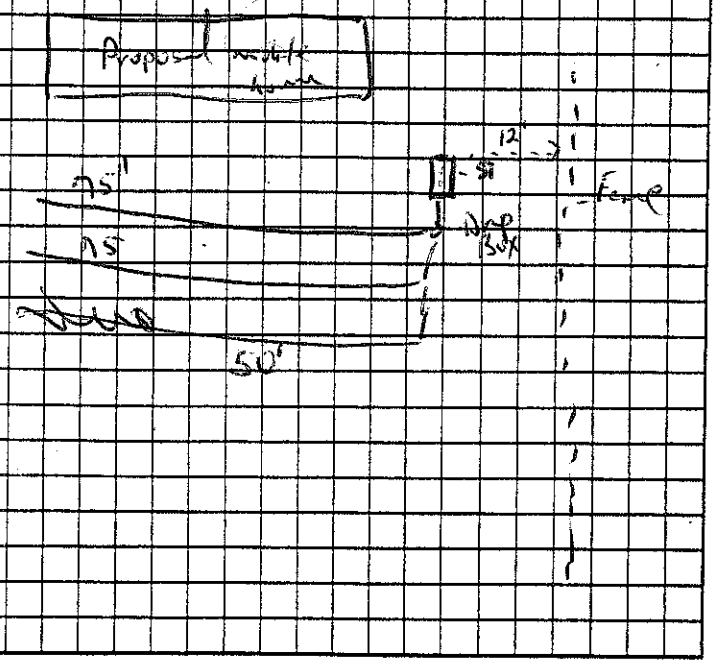
Comments:/Conditions: Follow contour / Have all setback requirements.

Comments:/Conditions: Pump Tank & Hse / Tank has marker

INITIAL SITE SKETCH

Please see Attached site sketch

AS BUILT SKETCH * not to scale



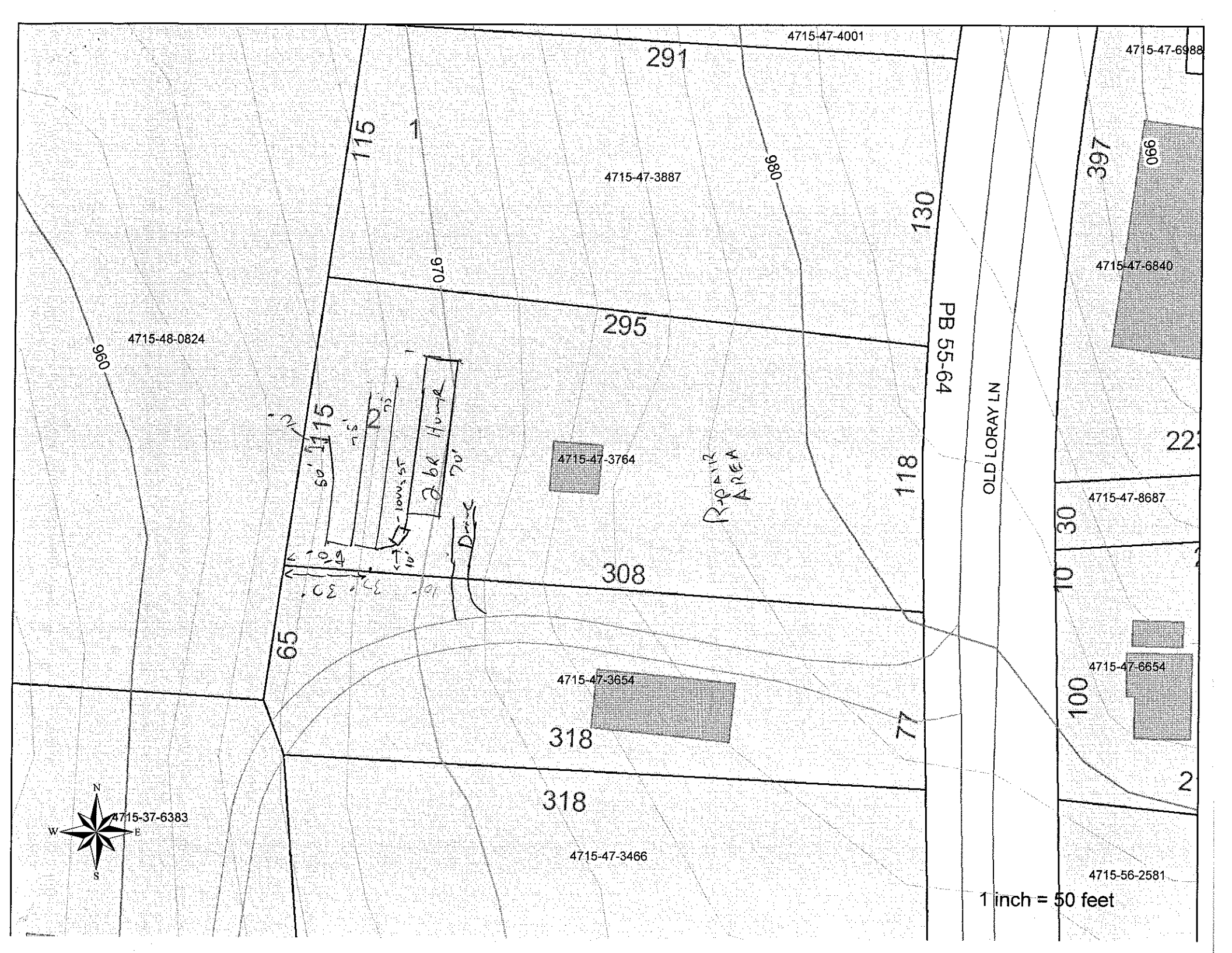
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Terry Pierce date 11-10-08 Installed by: Mastin Clver

Improvement Permit by: J. Hyatt, R.S. date 30 Oct. 08 Operation Permit by: J. Hyatt R.S. date 24 Nov. 08

Authorization to Construct by: J. Hyatt, R.S. date 30 Oct. 08 Existing System Inspection by: _____ date _____

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


4715-47-4001
291
4715-47-6988
115
1
4715-47-3887
980
130
397
990
4715-47-6840
970
295
PB 55-64
OLD LORAY LN
4715-48-0824
960
115
50'
25'
2 bd Home
70'
4715-47-3764
118
Rear Yard Area
221
4715-47-8687
30
10
Drive
308
65
4715-47-6654
100
4715-47-3654
77
318
318
2
N
W
E
S
4715-37-6383
4715-47-3466
4715-56-2581
1 inch = 50 feet