IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149970 PIN# 4718-47-1153 DATE 22 May 08

OWNER OR APPLICANT Marc & Amy Gregory PHONE: Business (704) 902-9397 Home

ADDRESS P.O. Box 2096 Statesville N.C.

LOCATION Hwy 115 N Th Pisgah Church TR private Rd. on 532 Pisgah Ch. Rd.

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 3-19-09

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 4 5 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction - Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Follow contour
Easement attached.

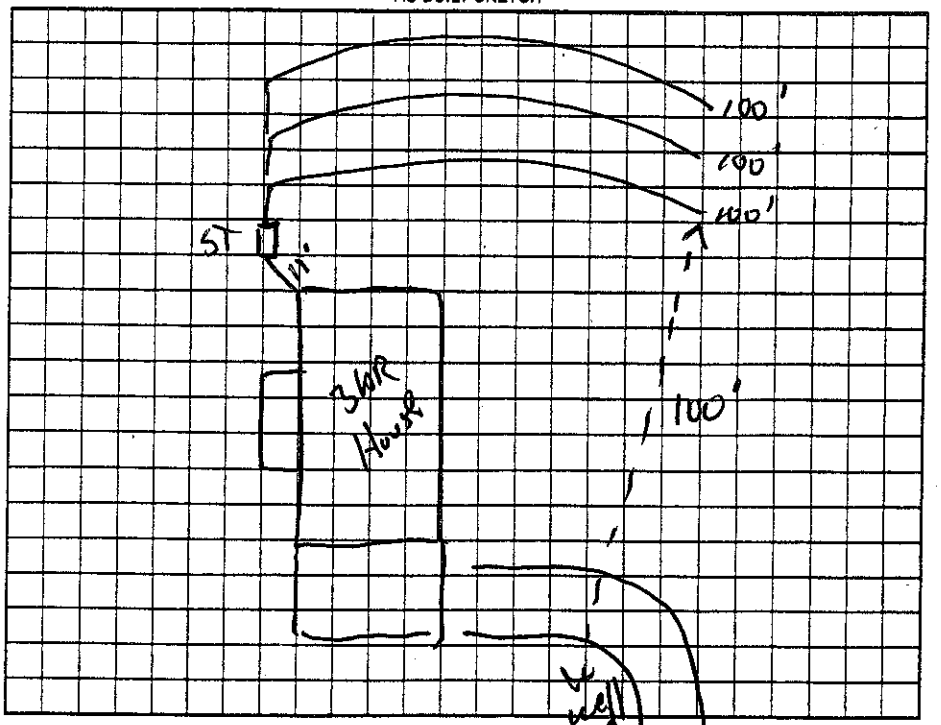
Comments:/Conditions: Pot-/tank fill

INITIAL SITE SKETCH

Please see attached
layout plan.

Need to clear
site before AC
is issued.

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: Marc Gregory date 5/22/08 Installed by: CAS

Improvement Permit by: , R.S. date 22May08 Operation Permit by: , R.S. date 19 May 09

Authorization to Construct by: , R.S. date 12 September 08 Existing System Inspection by: date

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