IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127003 PIN# 4718-79-3537 M629 DATE 4-23-05

OWNER OR CONTRACTOR STACEY & CAROL ROBINSON PHONE: Business Home (704) 876-4172

ADDRESS 221 HONEY PATH LN. STATESVILLE 28625

LOCATION HWY 115 N TL HILL DAIRY TL FOX BOTTOMS TL EAGLES NEST TO END

SUBDIVISION BLOCK / SECTION LOT LOT AREA 7.0 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1500 Gallons; STB 338 Date 2/25/05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 670
No Lines 5 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

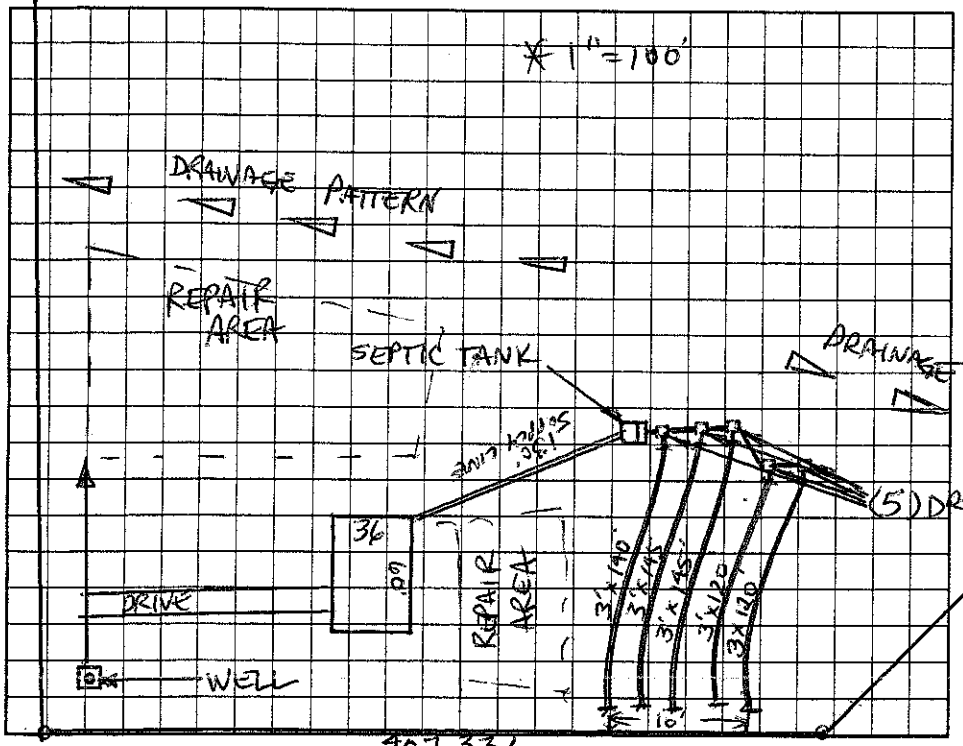
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

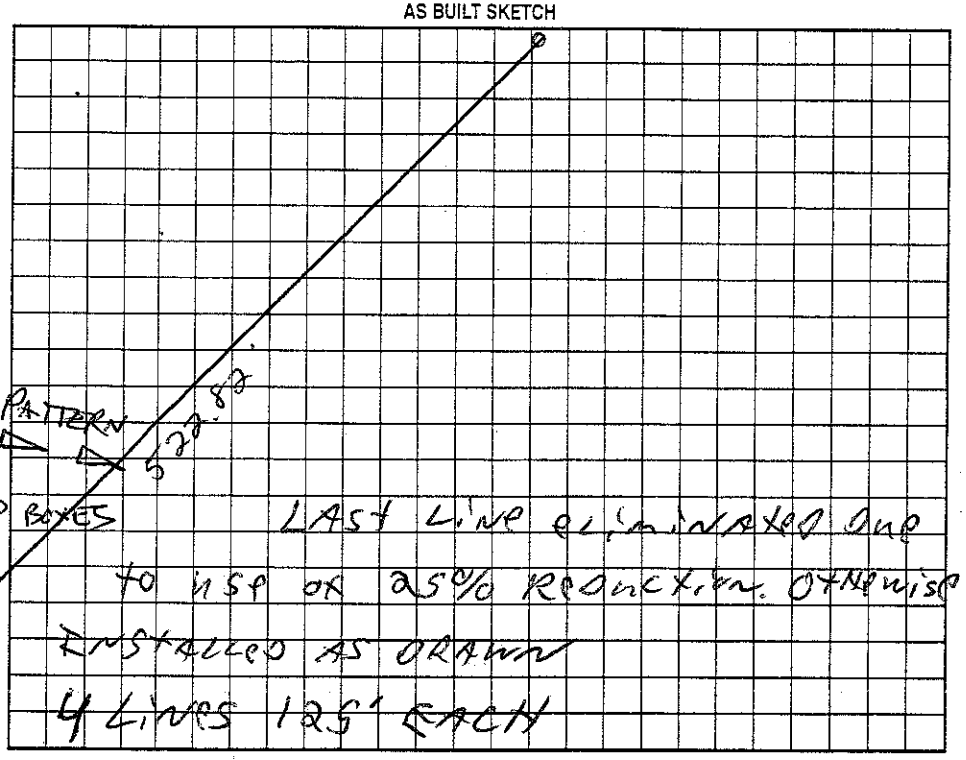
Comments/Conditions: ① INSTALL 28" ~~EN~~ ON CONTOUR
② MAINTAIN ALL SETBACKS

Comments/Conditions: ST W/ MARKER AND RED POLY COR FILTER INSTALLED WITH 125 QUICK-4 INFLUXRATORS.

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: Carol S. Robinson date 4-29-05 Installed by: MARTY TUCKER

Improvement Permit by: Christopher M. Sherrill, LSS date 4-23-05 Operation Permit by: date 8/26/05

Authorization to Construct by: Christopher M. Sherrill, LSS date 4-29-05 Existing System Inspection by: date

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