IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (I) MOORESVILLE 704-664-5281

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

PERMIT# 113787 PIN# 4718-93-8459 DATE 8-21-03

OWNER OR CONTRACTOR MINDY COLBURN PHONE: Business 704-924-9404 Home 704-820-0939

ADDRESS 7408 GATE KEY COURT STANLEY, NC 28164

LOCATION I-85 N (L) PISGAH (L) TREEBARK, (R) Hidden River, LOT #4 ON RT

SUBDIVISION Hidden River BLOCK / SECTION ____ LOT 4 LOT AREA 3.94 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 10-7-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ×1200' Linear Feet 300'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAN 2540 PRODUCT
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

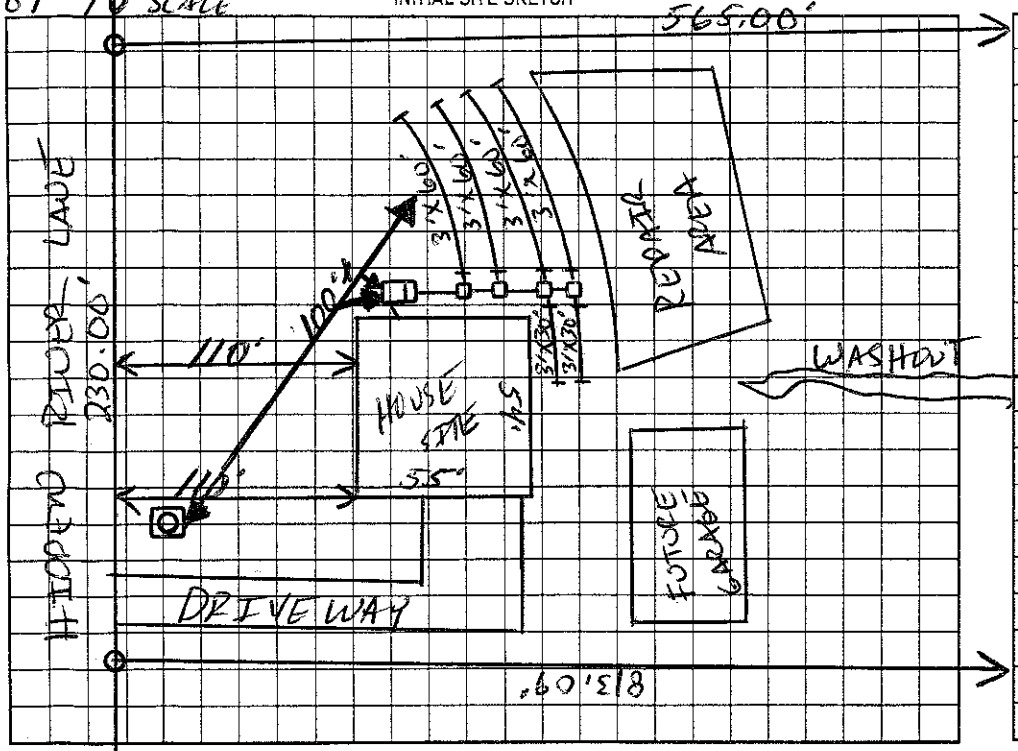
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) CALL PRIOR TO INSTALLATION FOR FLAGOUT IF NECESSARY, (4) MAINTAIN 100' FROM WELL TO ANY PART OF THE SEPTIC, INCLUDING

Comments/Conditions: THE TANK, [illegible]
ST Riser & Tuff Tite Filter Installed
50 Infiltrator Chambers Installed

"NOT TO SCALE"

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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 ____

Improvement Permit by: [signature] date 8-21-03

Authorization to Construct by: [signature] date 8-21-03

Installed by: Bill Greene

Operation Permit by: William O. Johnson date 11/26/03

Existing System Inspection by: ____ date ____

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