IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129847 PIN# 4724 11 5627 DATE 8/31/05

OWNER OR CONTRACTOR TODD RHYNE PHONE: Business 704 902 0383 Home 704 876 2124

ADDRESS 816 WHITES FARM RD STATESVILLE, NC 28677

LOCATION 70W (HICKORY HWY) R WINEBERRY LN L LOT

SUBDIVISION HICKORY HILLS BLOCK / SECTION _____ LOT 3 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB (Infiltrator) Date 8-27-06

Pump Tank: 1000 Gallons; PT VIP Date 1-12-07

Pump Make: Goulds Model WE05511 Serial No. KU6316 22

Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210

No Lines 3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP PBPS

Repair System Description: Exempt/some LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

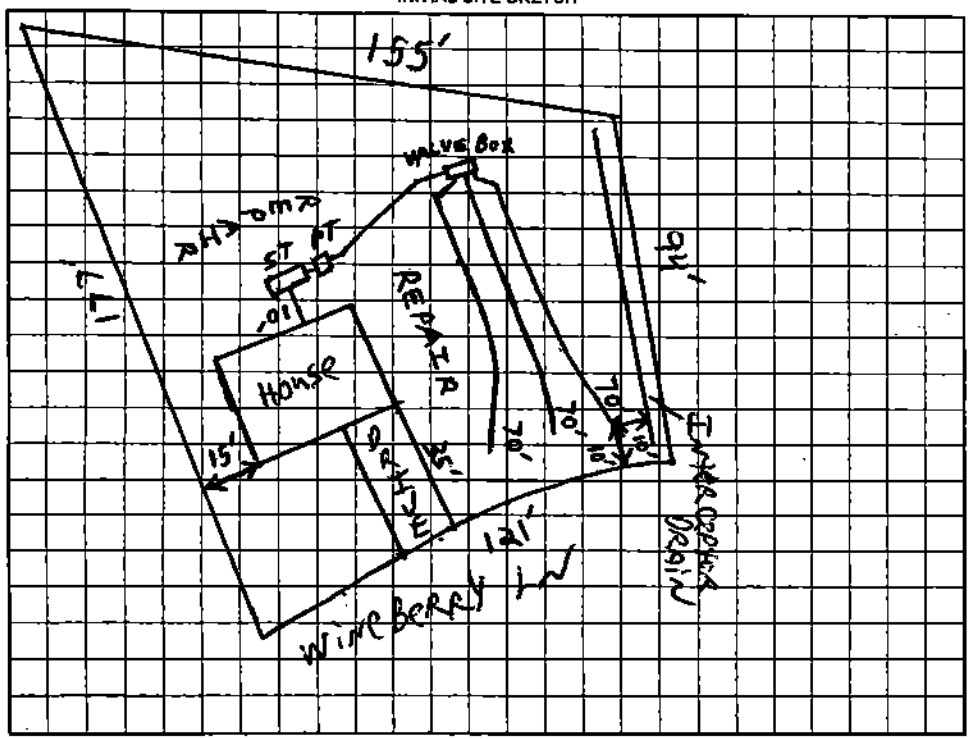
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Communit

Comments:/Conditions: INSTALL ON CONTOUR - MAINTAIN SETBACKS
INSTALL INTERCEPTOR DRAIN AS SHOWN

Comments:/Conditions:
Septic tank fill installed (7 ft. fill)

INITIAL SITE SKETCH



AS BUILT SKETCH

Lines installed as shown on site plan
+ Did not install interceptor drain
+ Did not have enough fill (elevation of the
to drain to surface on owner's property
I Did not see any evidence of lateral
water movement. Jim Hodge RS.

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. Improvem
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: Todd Rhyne date _____

Improvement Permit by: [signature] date 9/7/05

Authorization to Construct by: [signature] date 9/7/05

Installed by: Lumpkin Septic

Operation Permit by: STEVE HEDRICK date 2-28-06

Existing System Inspection by: _____ date _____

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