IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126041 PIN# 4726-60-8495 DATE MAR 1, 05

OWNER OR CONTRACTOR DAVID PERRY PHONE: Business 704-902-5374 Home 704-539-5169

ADDRESS 332 YORK SPANN ROAD HAMPTONVILLE NC 27020

LOCATION NC 115 NORTH, TL SCOTT CREEK ROAD, TL MILLER FARM ROAD,

SUBDIVISION FAWNWOOD BLOCK / SECTION I LOT 3 LOT AREA 0.527 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 1/2/05
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: 50% REDUCTION LOAD
Maintenance Agreement Required: ☐ Yes ☑ No PRESSURE ☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

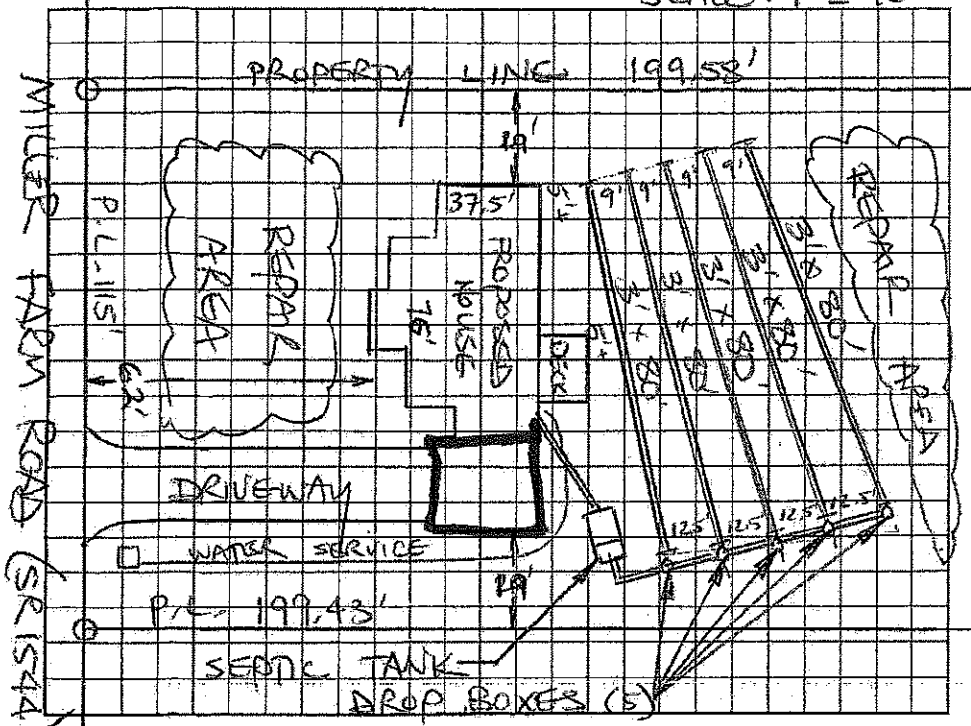
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

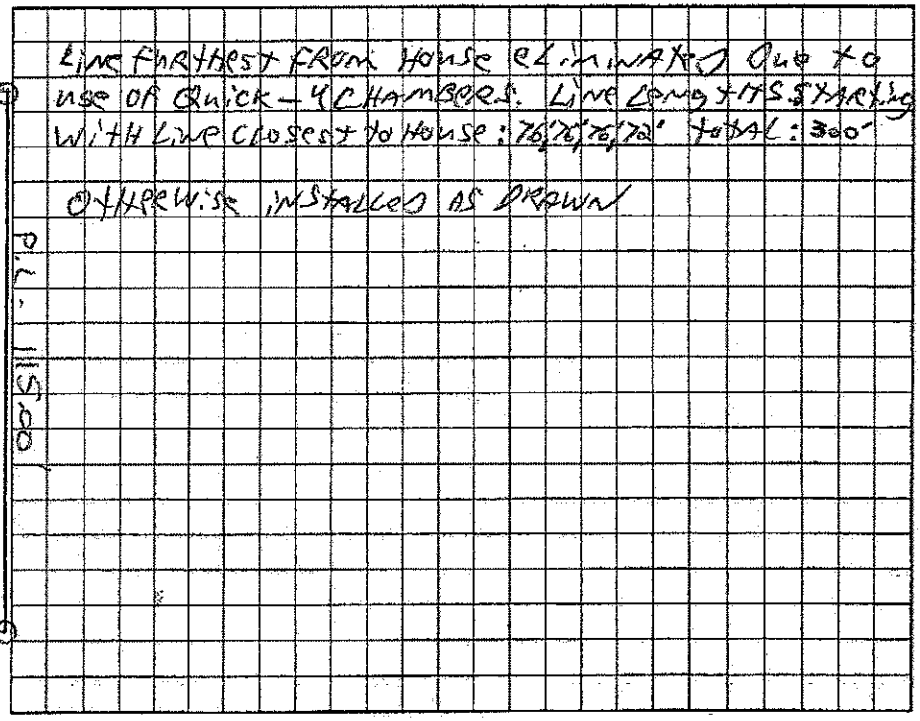
Comments/Conditions: ① KEEP SYSTEM MINIMUM 10' FROM PROP. LINE, 10' FROM WATER LINE 5' FROM HOUSE. ② INSTALL LINES ON CONTOUR AS FLAGGED ON SITE.

Comments/Conditions: ST W/MARKER AND TUF-TITE FILTER INSTALLED W/ 25 QUICK-4 INFILTRATORS

INITIAL SITE SKETCH SCALE: 1"=40'



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: David M. Perry date 3-1-05 Installed by: ____

Improvement Permit by: STEVE HEDRICK date 3-1-05 Operation Permit by: [signature] date 7/15/05

Authorization to Construct by: STEVE HEDRICK date 3-1-05 Existing System Inspection by: ____ date ____

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