(200) Tommy Frye

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0986632 PIN# 4726 709215 (PART) DATE 12-14-99

OWNER OR CONTRACTOR DAVID M. PERRY PHONE: Business 539-5169 Home

ADDRESS 332 YORK SPANN ROAD, HAMPTONVILLE, NC, 27020

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR FAWNWOOD, 2ND LOT ON RIGHT

SUBDIVISION FAWNWOOD BLOCK / SECTION II LOT 11 LOT AREA 0.721 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-9-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

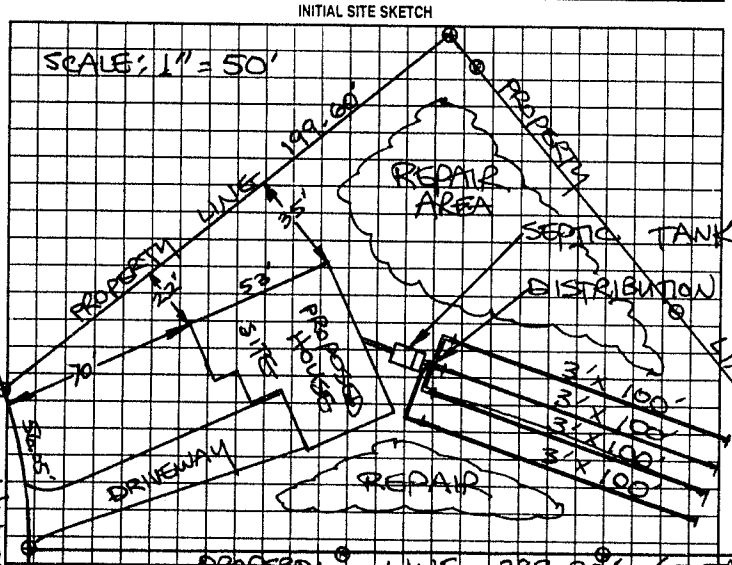
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

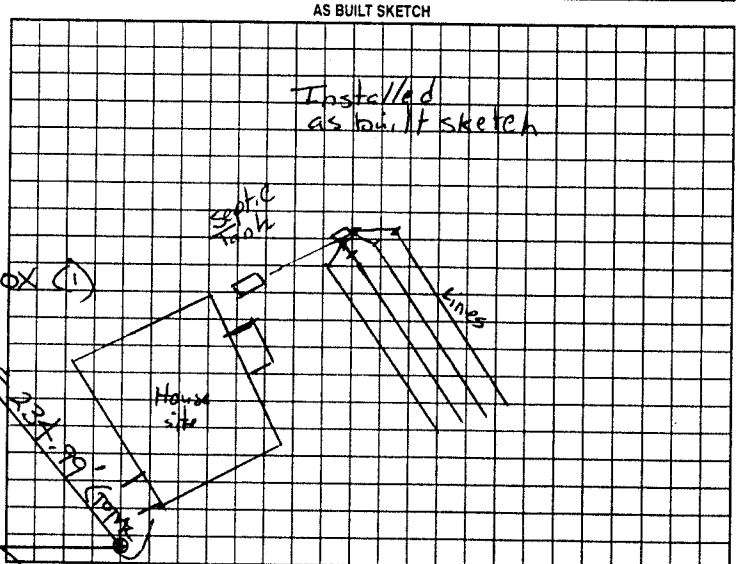
Comments/Conditions:

Comments/Conditions: SYSTEM ALTERED W/OUT PRIOR HEALTH DEPARTMENT APPROVAL, DUE TO SMS-OUT LOCATION & UNDERGROUND POWER LINE.

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: + David M. Perry date 12-14-99

Improvement Permit by: STEVE HEDRICK date 12-14-99

Authorization to Construct by: STEVE HEDRICK date 12-14-99

Installed by: Tommy Frye

Operation Permit by: [signature] RS date 5.23.00

Existing System Inspection by: ____ date ____

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