IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105181 PIN# 4726-84-6270 DATE 3-18-02

OWNER OR CONTRACTOR TIMOTHY HOPE PHONE: Business Home 704-902-1520

ADDRESS P.O. BOX 5882, STATESVILLE, NC 28687

LOCATION NC 115 N, TL SCOTTS CREEK RD, TR BOWMAN ROAD, TR ROCK RUN DR, AT END ON RIGHT

SUBDIVISION BROOKHAVEN BLOCK / SECTION LOT 46 LOT AREA 0.76 ACRE SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 9-18-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 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: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

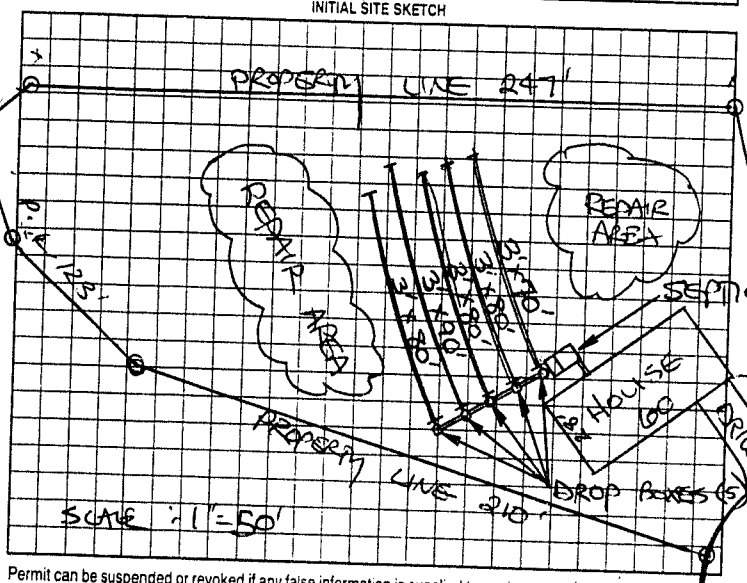
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

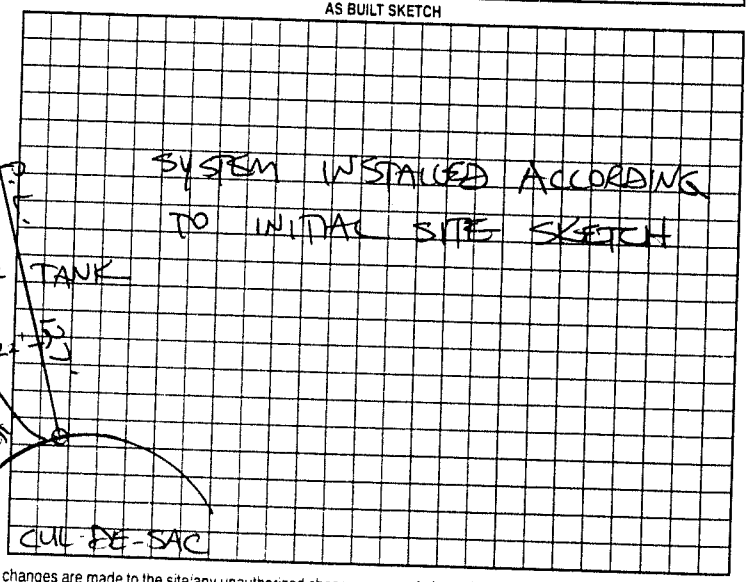
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: [signature] date 3-18-02 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 3-18-02 Operation Permit by: STEVE HEDRICK date 7-1-02

Authorization to Construct by: STEVE HEDRICK date 3-18-02 Existing System Inspection by: date

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