IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12043 PIN# 4728-12-3520 4728-05-5981 DATE 5-11-04

OWNER OR CONTRACTOR Joseph E. Jeanne Hyde PHONE: Business _____ Home (704) 871-9016

ADDRESS 295 Treebark Rd Statesville NC 28625

LOCATION 115 N ⊙ Pisgah Rd ⓛ Treebark 1st lot on Left

SUBDIVISION ~~Watson Farm~~ TREEBARK BLOCK / SECTION _____ LOT 9 LOT AREA 1.50 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/Ft²

Septic Tank: 1000 Gallons; STB 1007 Date 4-15-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, ⓘ, IV, V, VI

System Description: Gravity 25% red

Repair System Description: LP Panel 50%

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

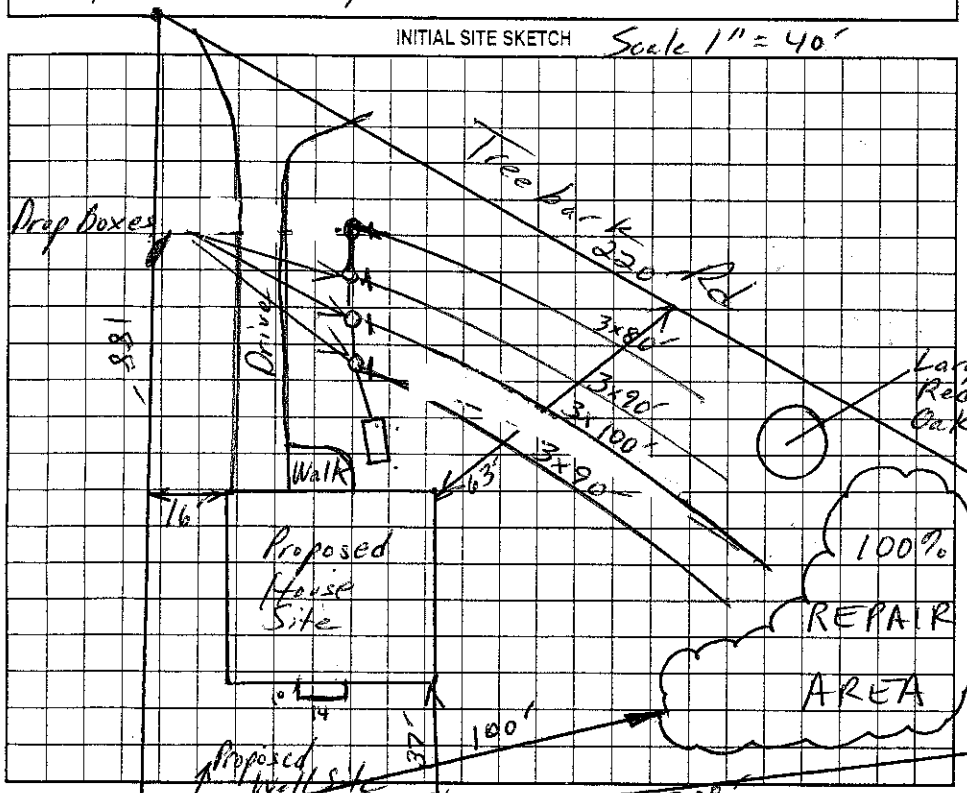
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① Install Lines on contour
② Well must be at least 100' from system
③ System must stay 15' off bank

Comments/Conditions: ① Red Polylok filter @ Infiltrator chambers

INITIAL SITE SKETCH Scale 1" = 40'



AS BUILT SKETCH

* System installed according to 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 5-11-04 Installed by: Bill Greene

Improvement Permit by: _____ date 5-11-04 Operation Permit by: _____ date 7-21-04

Authorization to Construct by: _____ date 5-11-04 Existing System Inspection by: _____ date _____

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