IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 102869 PIN# 4728-06-6897 DATE 10-25-01

OWNER OR CONTRACTOR TIM ALEXANDER PHONE Business (704) 902-4123 Home (704) 876-1653

ADDRESS 302 TREE BARK RD STATESVILLE NC 28625

LOCATION NC 115 N, TL PISGAH ROAD, TR BARRINGER DRIVE, 2ND LT ON RIGHT

SUBDIVISION BARRINGER EST BLOCK / SECTION ____ LOT 15 LOT AREA 1.739 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.306 GPD/ft²

Septic Tank: 1000 Gallons STB 1012 Date 7-1-02
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 CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ✓ No
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

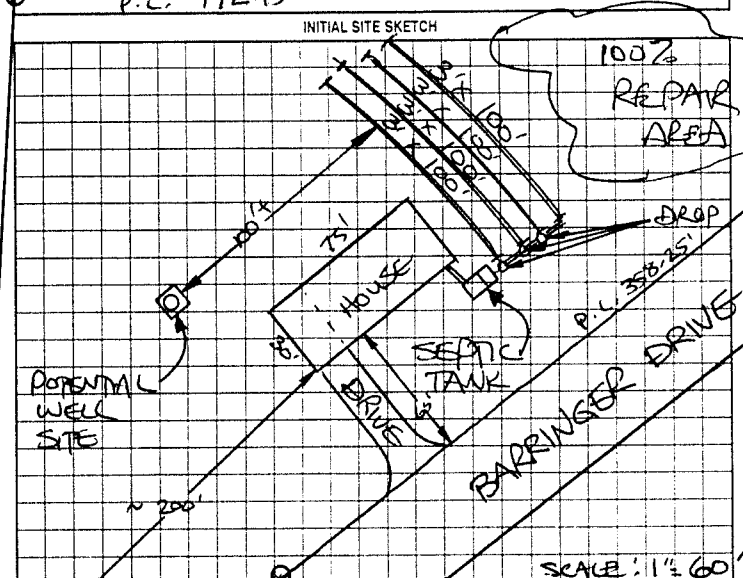
✓ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ✓ Individual ☐ Public ☐ Community
WALC

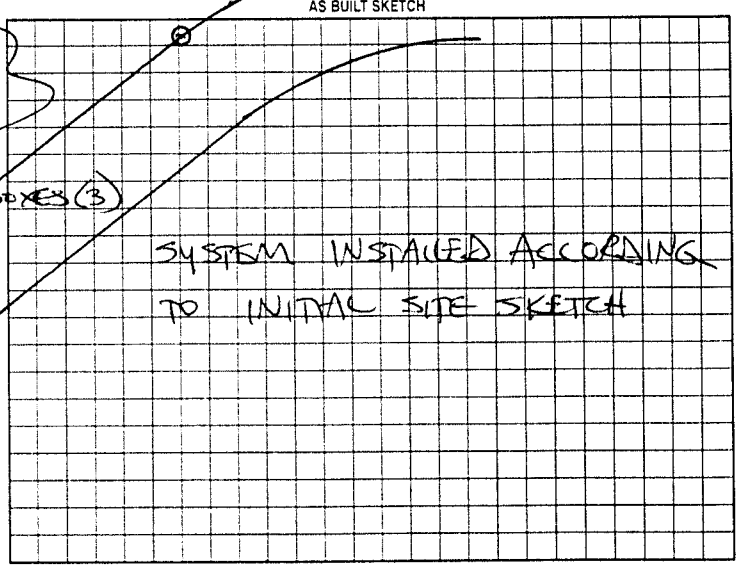
Comments./Conditions

Comments./Conditions SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" 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 10-25-01 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEARICK date 10-25-01 Operation Permit by: STEVE HEARICK date 11-26-02

Authorization to Construct by: STEVE HEARICK date 10-25-01 Existing System Inspection by: ____ date ____

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