IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088394 PIN# 4728 07 6163 DATE 4-11-00

OWNER OR CONTRACTOR TIM ALEXANDER PHONE: Business 902-4123 Home 876-1653

ADDRESS 302 TREEBARK ROAD, STATESVILLE NC 28625

LOCATION NC115 N, TL PISGAH ROAD, TR BARRINGTON DRIVE, 4TH LOT ON RIGHT

SUBDIVISION BARRINGTON BLOCK / SECTION ____ LOT 14 LOT AREA 1.341 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 7-7-00
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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

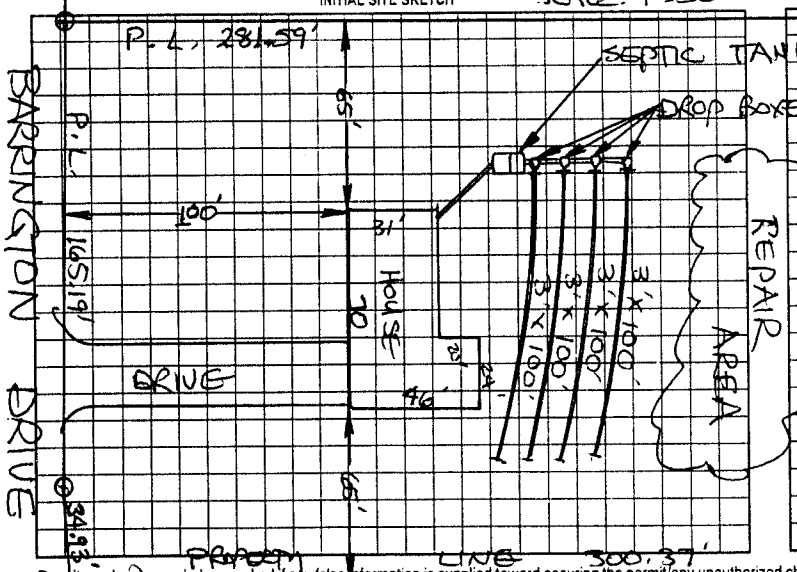
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ ~~Public~~ ☐ Community

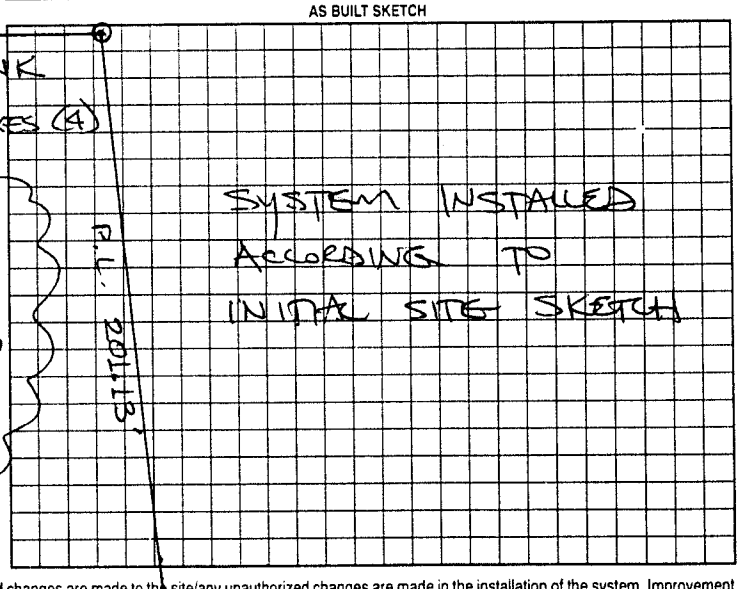
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "Poly Lok" FILTER

INITIAL SITE SKETCH SCALE: 1"=50'



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: Pam Alexander date 4-13-00 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 4-11-00 Operation Permit by: STEVE HEDRICK date 9-14-00

Authorization to Construct by: STEVE HEDRICK date 4-11-00 Existing System Inspection by: ____ date ____

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