IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120241 PIN# 4728-12-1558 DATE 5-11-04

OWNER OR CONTRACTOR Benjamin T. Hyde PHONE: Business _____ Home (704) 871-9016

ADDRESS 1020 4th Creek Landing Dr. Statesville NC 28625

LOCATION 115 N @ Pisgah Rd @ Treebark Rd 3rd house (lot) from end on left

SUBDIVISION Watson Farm BLOCK / SECTION _____ LOT 10 LOT AREA 1.64 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 7-20-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Same
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

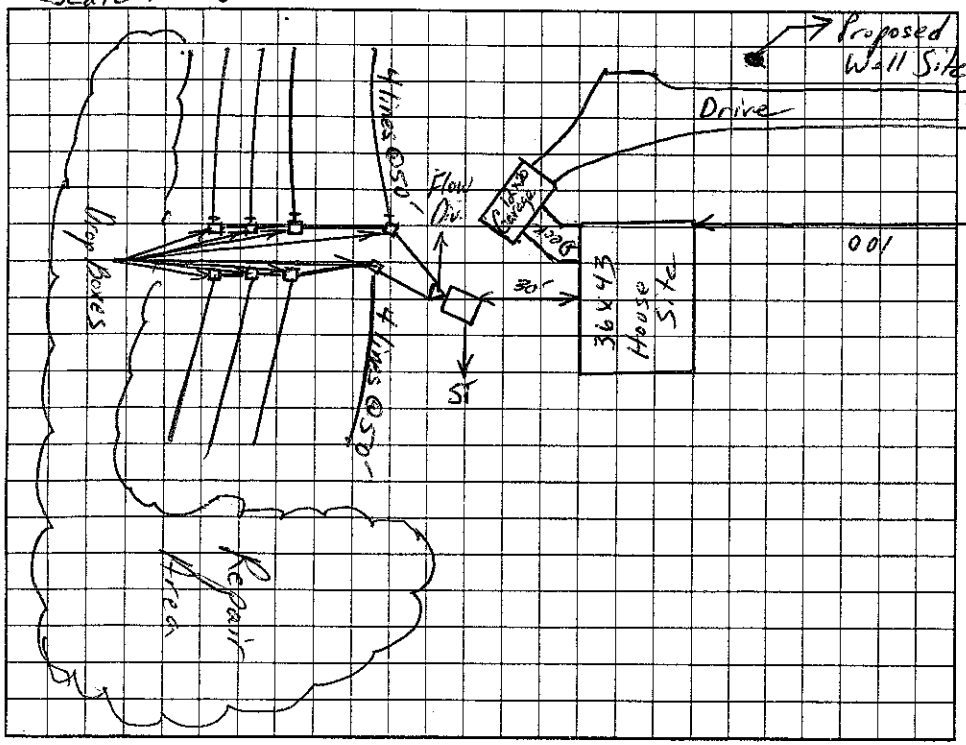
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① Install lines on contour

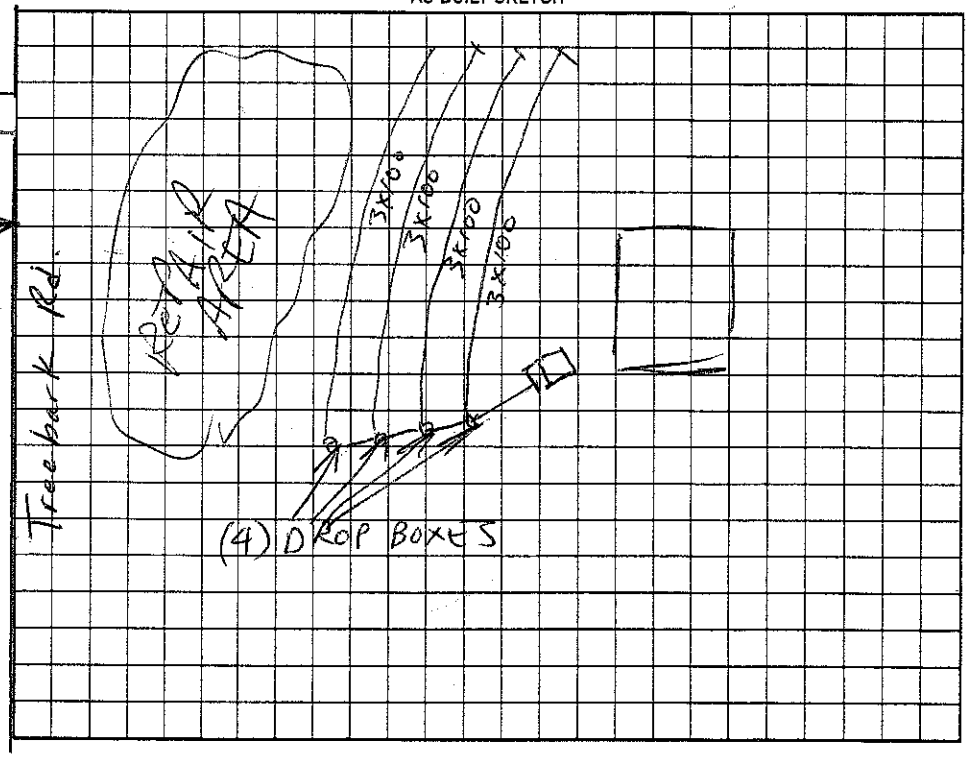
Comments/Conditions: ① ZABEL ② #57

Scale 1" = 60'

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: Alicia Hyde date 5-11-04 Installed by: BILL GREENE

Improvement Permit by: Christopher M. Stanley, RS date 5-11-04 Operation Permit by: Christopher M. Stanley, RS date 9-24-04

Authorization to Construct by: Christopher M. Stanley, RS date 5-11-04 Existing System Inspection by: _____ date _____

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