IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED ~~[illegible]~~ 3-25-02

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

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

PERMIT# 103799 PIN# 4728-55-7982

OWNER OR CONTRACTOR MARY DALTON PHONE: Business 704.660.8823 (HEDRICK) Home (704) 662-9935 DATE 10-2-02

ADDRESS 858 STUDER AVE, COLUMBUS, OH, 43206

LOCATION NC 115 N, R BAILEY FARM RD, 0.7 MILE ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.391 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 4-6-02
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet Eq. D 1920 Linear Feet 480
No Lines 4 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth N/A

New System ☐ Repair System Type: I II (III) IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

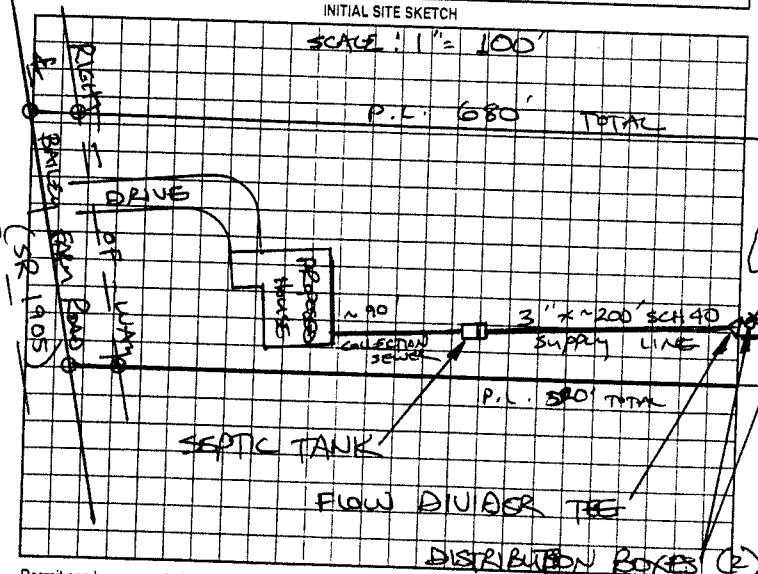
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

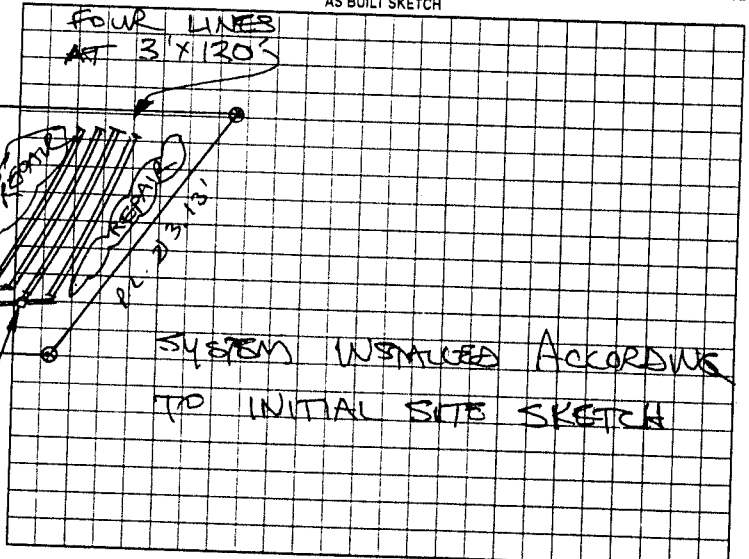
Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "THITE" 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

Improvement Permit by: STEVE HEDRICK date 10-2-02

Authorization to Construct by: STEVE HEDRICK date 10-2-02

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 10-2-02

Existing System Inspection by: date

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