IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106187 PIN# 4729-03-1416 DATE 5-17-02

OWNER OR CONTRACTOR ROBERT ISAAC PHONE: Business Home 704-876-1123

ADDRESS 234 HILL DAIRY ROAD, STATESVILLE, NC 28625

LOCATION NC 115 N, TL COUNTRY LIFE, TL TRITON, TR FOX RUN, LOT ON LEFT AT DEEP WATER

SUBDIVISION COUNTRY LIFE EST BLOCK / SECTION 3 LOT 59 LOT AREA 0.46 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 12-9-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines THREE 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: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

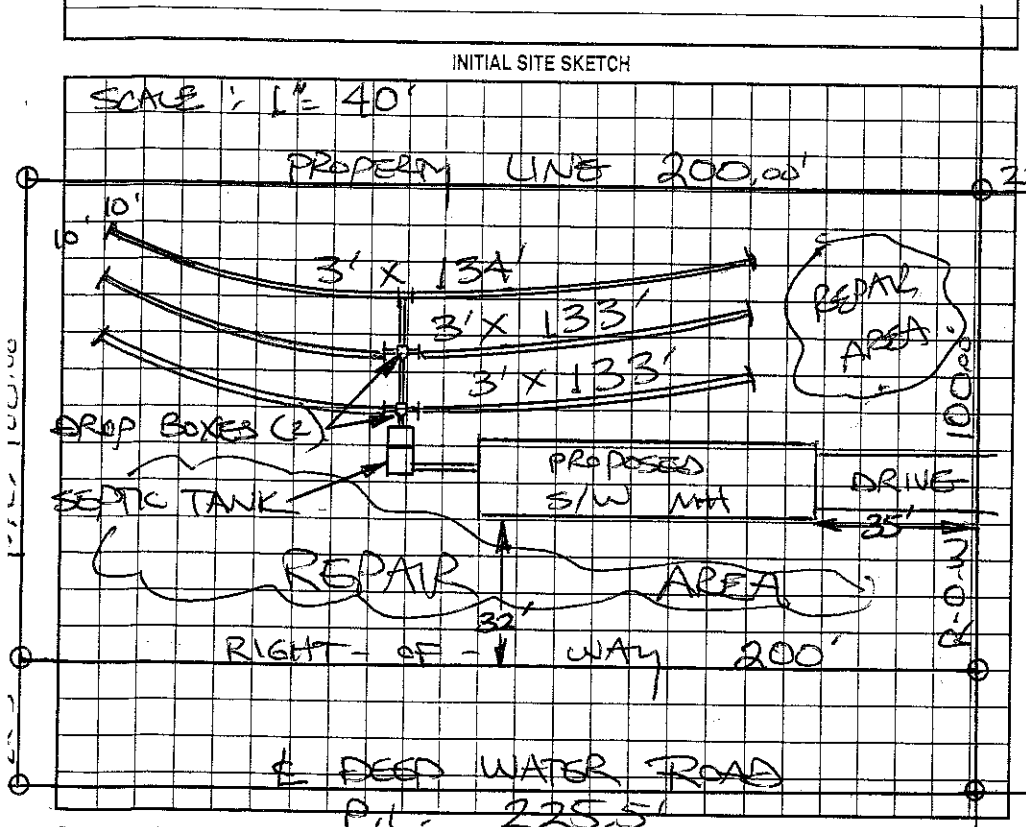
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

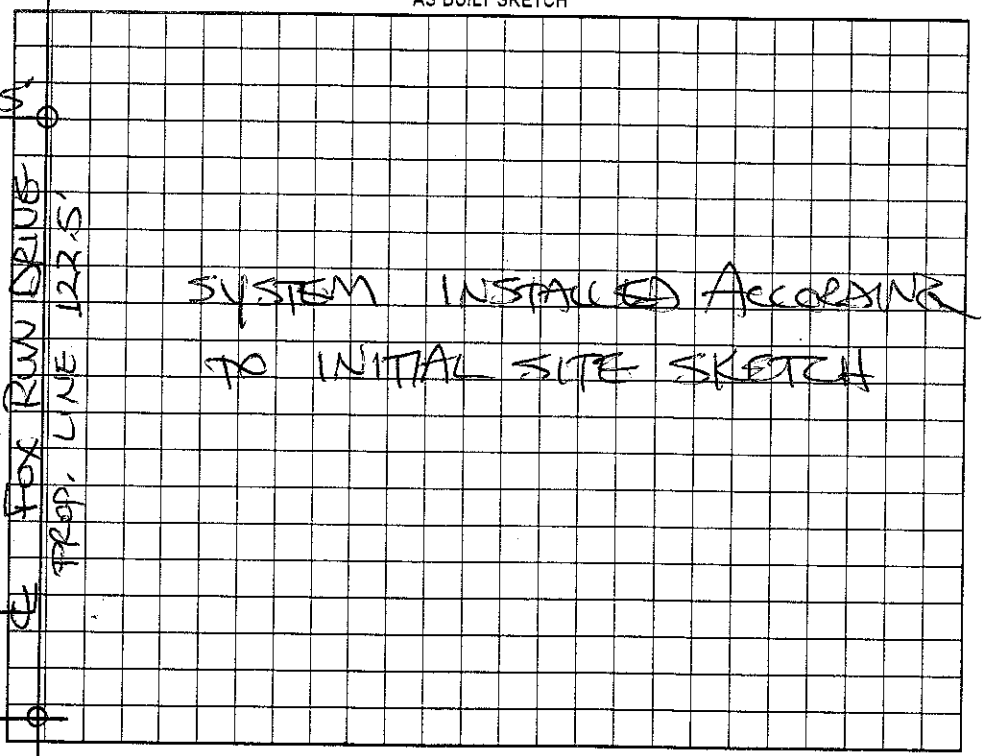
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" 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: + Robert Isaac date 5-17-02 Installed by: IREDELL BACKHOE

Improvement Permit by: STEVE HEDRICK date 5-17-02 Operation Permit by: STEVE HEDRICK date 3-28-03

Authorization to Construct by: STEVE HEDRICK date 5-17-02 Existing System Inspection by: ____ date ____

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