THIS PERMIT VOIDS PREVIOUS ISSUED 11-21-96

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25496 PIN# 14F-A-5-A-21 DATE 3-11-98

OWNER OR CONTRACTOR KATHY FINK PHONE: Business 838-0833 Home 873-7409

ADDRESS 518 S. RACE STREET, STATESVILLE, NC 28677

LOCATION NC 115 N, TL COUNTRY LIFE DRIVE, 450' ON RIGHT

SUBDIVISION COUNTRY LIFE BLOCK / SECTION ____ LOT 21 LOT AREA 100'X 225' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 4-12-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 850 to 900 Linear Feet 228+
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

[✓] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: CHAMBERED PUMP
Maintenance Agreement Required: [ ] Yes [✓] No

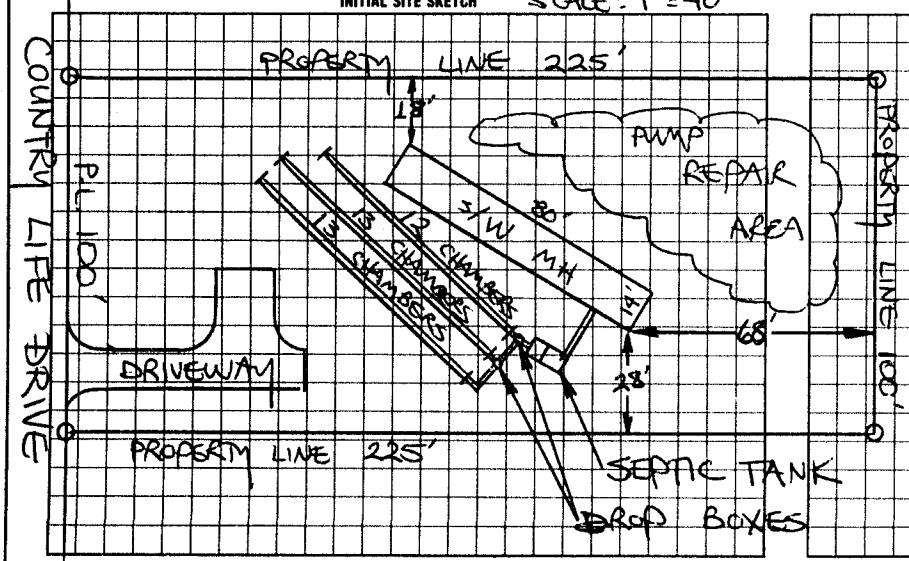
[ ] House/Mod. Home No. Bedrooms 3
[✓] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [✓] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply:
☐ Individual
✓ Public
☐ Community

Comments:/Conditions: ① INSTALL 38 CHAMBERS ON CONTOUR AS FLAGGED ON SITE ② USE TWO DROP BOXES FOR SERIAL DISTRIBUTION

Comments:/Conditions:
230 HDS sections used (Total 230 Lnft)
2ABdl F.Tex used

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

System installed as shown

I understand that this 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: Kathy J. Fink date 3-13-98 Installed by: Andy Daniels

Improvement Permit by: STEVE HEDRICK date 3-11-98 Operation Permit by: ____ date May 30 2000

Authorization to Construct by: STEVE HEDRICK date 3-11-98 Existing System Inspection by: ____ date ____

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