CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140648 PIN# 4730037821 4730-04-8271 DATE 4-16-07

OWNER OR APPLICANT CLIFTON & LENA PHONE: Business 704-239-0569 Home 704-822-0942

ADDRESS 7948 RAVENWOOD LANE Stanley, NC 28164

LOCATION PERTH RD (R) State Park (L) Parkstone ATTEND IN CUL-DE-SAC

SUBDIVISION PARKSTONE BLOCK / SECTION ____ LOT 6 LOT AREA 1.032 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 6-30-07
Pump Tank: none Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1600 Linear Feet 270'
No Lines 6x45 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: GRAVITY 50% REDUCTION
Repair System Description: [redacted] LP 50% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ____

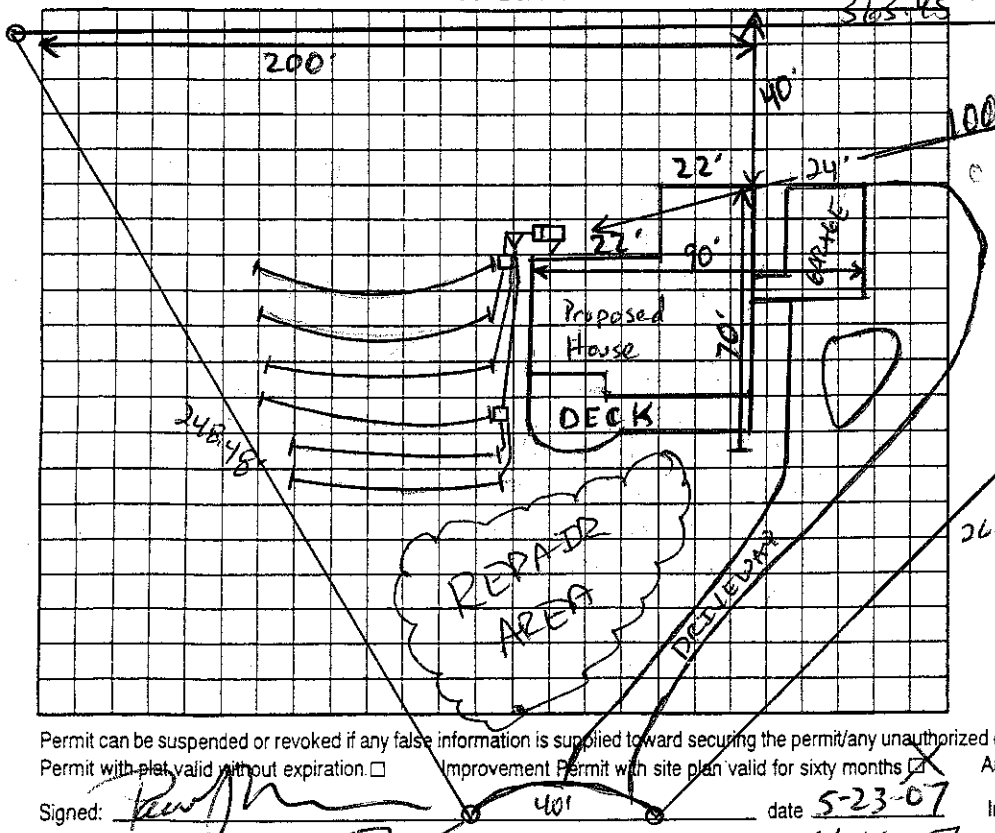
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) GRADE OUT OLD Field Terrace (2) Install Lines on Contours (3) House & System Completely FLAGGED OUT (4) MAINTAIN SETBACKS (5) Install 1 FLOW Divider TEE & 2 Distribution Boxes with speed levelers

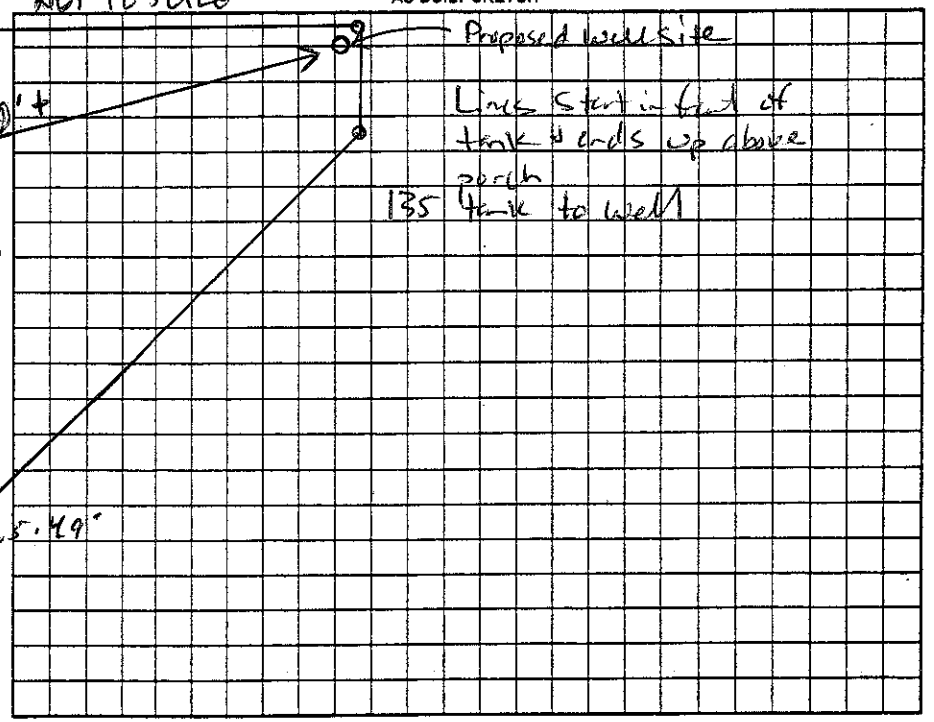
Comments/Conditions: POLYFLOW FITTINGS & RISERS
5 SPEED LEVELERS SET EQUAL. Line 10' + OFF MARKED P/L

INITIAL SITE SKETCH



"NOT TO SCALE"

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 5-23-07 Installed by: LARRY BEAM

Improvement Permit by: [signature] date 4-16-07 Operation Permit by: [signature] date 10-31-07

Authorization to Construct by: [signature] date 4-16-07 Existing System Inspection by: ____ date ____

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