IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118587 PIN# 4730-24-0961 DATE 3-22-04

OWNER OR CONTRACTOR DEBBIE CLARK PHONE: Business 704-682-1456 Home 704-528-3794

ADDRESS 114 HICKORY POINT STATESVILLE NC 28677

LOCATION 21 S, (R) PERTH (R) STATE PARK (R) HICKS CREEK (R) BR

SUBDIVISION BRENDLE HILLS BLOCK / SECTION ____ LOT 2 LOT AREA 244'x105' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-30-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 4 Square Feet EO-1200' Linear Feet 360'
No Lines 3x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: 6 GRAV 250 gal PRECAST
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

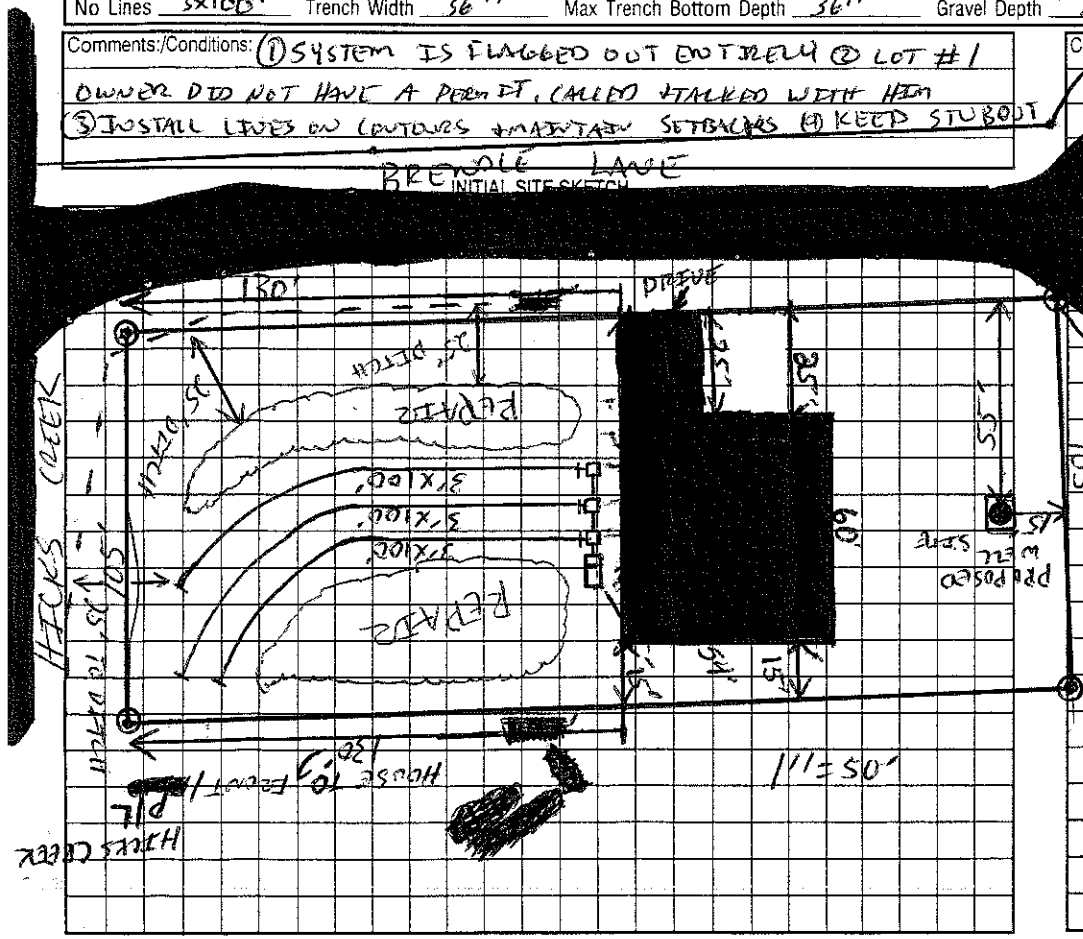
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: (1) SYSTEM IS FLAGGED OUT ENTIRELY (2) LOT #1 OWNER DID NOT HAVE A PERMIT, CALLED + TALKED WITH HIM (3) INSTALL LINES ON CONTOURS + MAINTAIN SETBACKS (4) KEEP STUBOUT

Comments/Conditions: HIGH ENOUGH TO KEEP ALL TO THE TANK POLYLOK FILTER + RISER

INITIAL SITE SKETCH



AS BUILT SKETCH

APPROVED 60x54' PLAN + COLORED IN BLACK OVER ORIGINAL 44'x80' PLAN. SEPTIC NOT ALTERED; CHANGED STUBOUT AS DRAWN
JClark 8-1-05

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: Debbie Clark date ____ Installed by: ANDY DANIELS

Improvement Permit by: [signature] date 3-22-04 Operation Permit by: [signature] date 8-31-05

Authorization to Construct by: [signature] date 3-22-04 Existing System Inspection by: ____ date ____

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