THIS PERMIT VOIDS PREVIOUS PERMIT DATED 11/12/04

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124575 PIN# 4730523780 DATE 7/13/05

OWNER OR CONTRACTOR MARY E BRIDGES PHONE: Business 704 902 1317 Home 828 459 0142

ADDRESS 3724 BUNKER HILL SCHOOL RD CLAREMONT, NC 28610

LOCATION 21S (R) PERTH RD (R) STATE PARK RD (L) HONEYCUTT RD (L) TREMONT RD (L) LOT

SUBDIVISION TREMONT BLOCK / SECTION ____ LOT 20 LOT AREA 1.62 ACRES SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 8-25-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

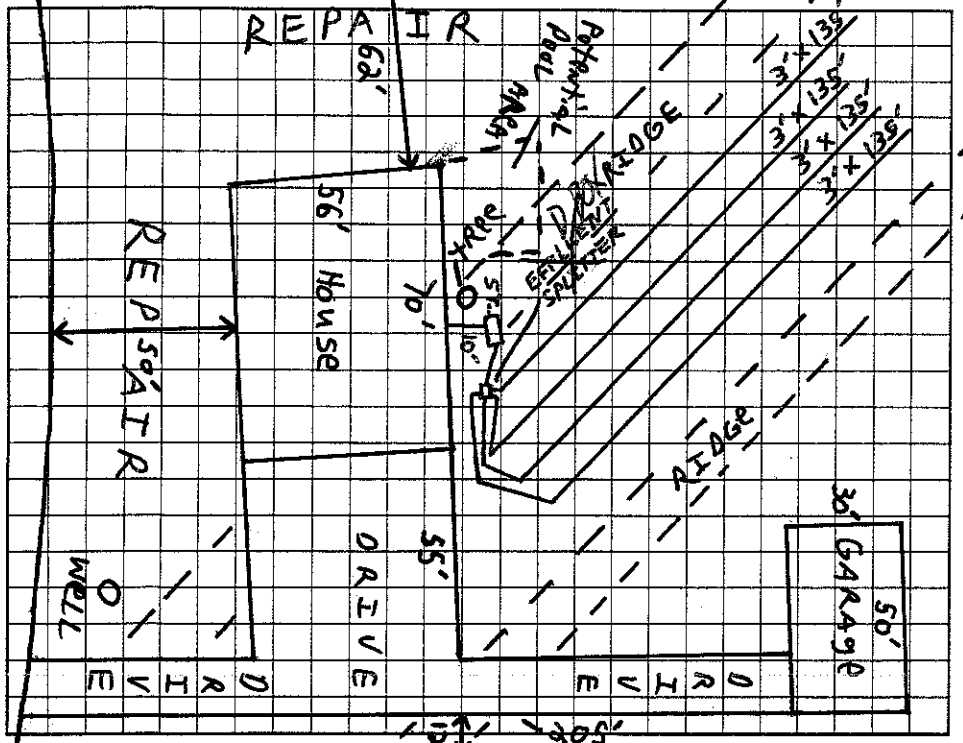
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: INSTALL ON CONTOUR. SHAVE OFF RIDGES. USE EFFLUENT SPLITTER SUCH AS ZOELLER TRU-FLOW.

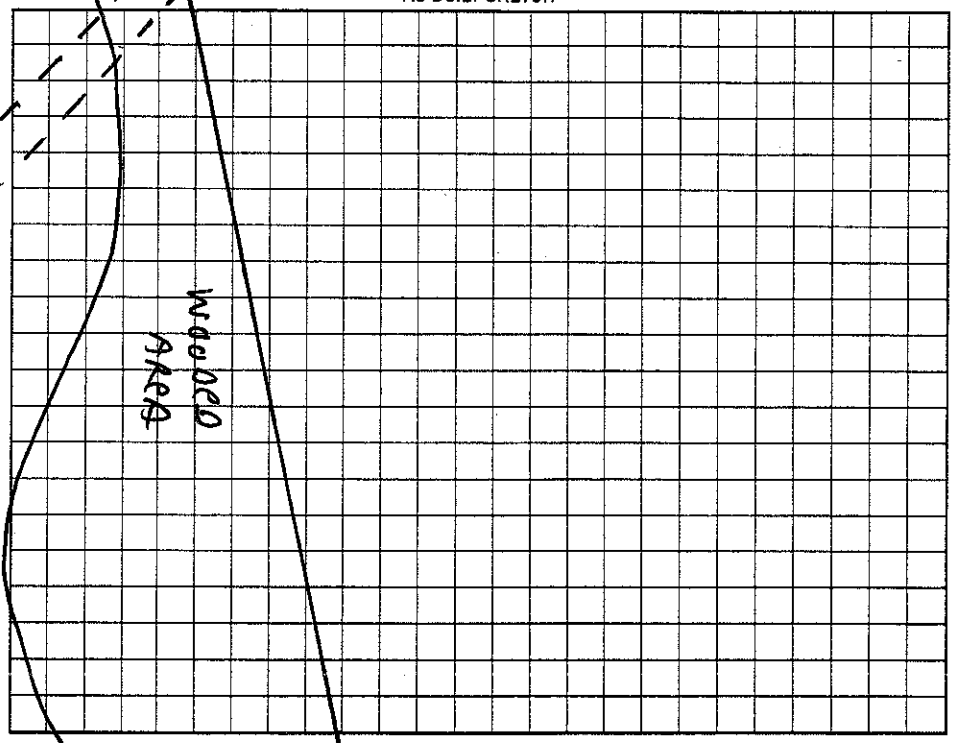
Comments:/Conditions: IF POOL IS INSTALLED, KEEP POOL 15' FROM ALL PARTS OF THE SEPTIC SYSTEM.

Tank w/o risers ST markers

INITIAL SITE SKETCH



AS BUILT SKETCH



TREMONT RD

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: Suzie McCann Agent for date ____ Installed by: Evans Backhoe

Improvement Permit by: Elaine Marie date 7/13/05 Operation Permit by: James Keith date 12-27-05

Authorization to Construct by: Elaine Marie date 9/7/05 Existing System Inspection by: ____ date ____

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