IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 040667 PIN# 4733-40-5023 99-4951 DATE 11/19/01

OWNER OR CONTRACTOR STEVE HILBERT PHONE: Business 528-1234 Home 704-528-4516

ADDRESS 461 CARLAISLE CLUB RD. STATESVILLE

LOCATION 21S - TL MOOSE CLUB - TL SKYUKA - TR ARLIE - ON LT

SUBDIVISION MEADOW PINES BLOCK / SECTION ____ LOT 2 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .24 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-23-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth (36") Gravel Depth 12"

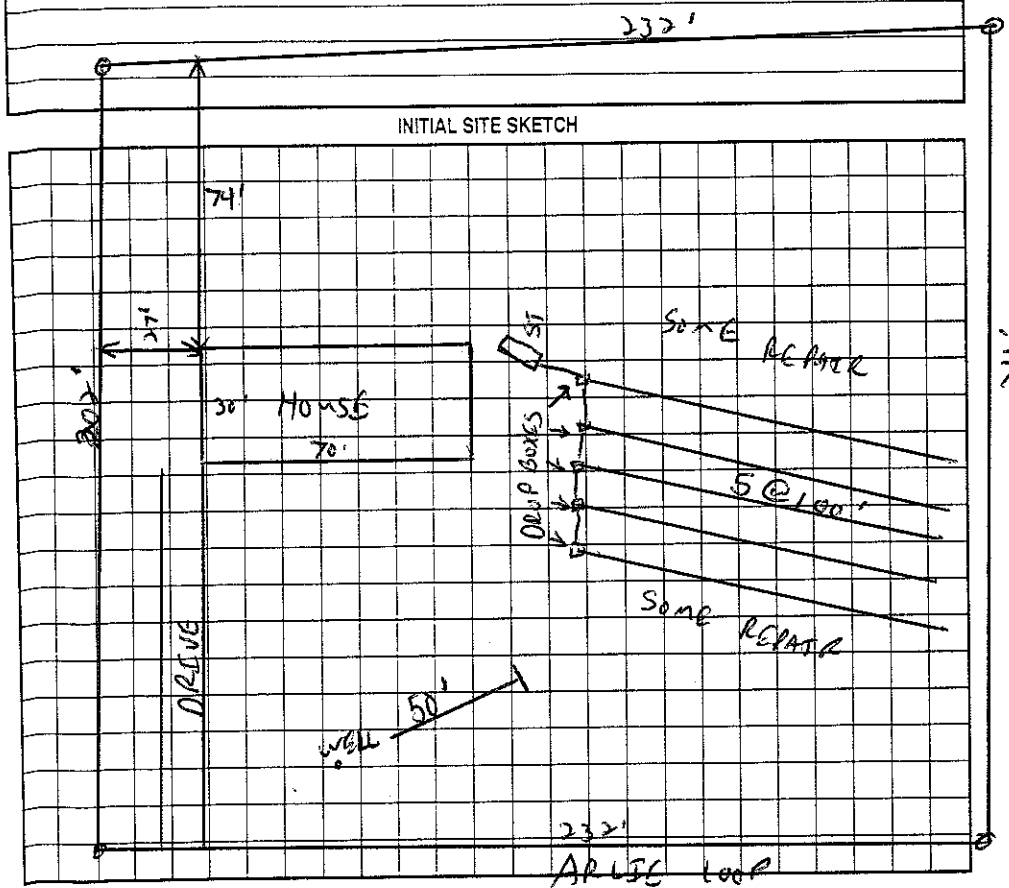
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAV/PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: (1) SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER (2) UPPER LINE INSTALLED AT 36" DEEP REST ARE WITHIN 36" MAX TRENCH BOTTOM DEPTH

AS BUILT SKETCH

(3) SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS (4) FUTURE REPAIR MAY REQUIRE SUBSURFACE INTERCEPT DRAINAGE DITCH PER ORIGINAL SOIL EVALUATION SHEETS.

SYSTEM INSTALLED AS SHOWN

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: Cynthia Hilbert date 4/23/02
Improvement Permit by: [signature] date 11/19/01
Authorization to Construct by: [signature] date 04/07/03

Installed by: A-1 BACKHOE
Operation Permit by: STEVE HENDRICK date 4-24-03
Existing System Inspection by: ____ date ____

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