ROBERT SMITH

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091482 PIN# 4735 29 7050

OWNER OR CONTRACTOR DAVID YOST DATE 9-5-00

ADDRESS 415 MILLSAPS ROAD STATESVILLE, NC 28625 PHONE: Business Home 878-9290

LOCATION NC 115 NORTH, TR UPPER OAK, TL GOLDEN OAK, 4TH LOT ON LEFT

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 64 LOT AREA 0.705 ACRE SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1500 Gallons; STB 268 Date 11-7-00

Pump Tank: 1500 Gallons; PT 247 Date 3-21-01

Pump Make: HYDROMATIC Model SHEF50M1 Serial No.

Nitrification Field: No Fields 1 Square Feet Req. 2000 Linear Feet 336

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LOW PRESSURE PPBPS

Repair System Description: LOW PRESSURE PPBPS

Maintenance Agreement Required: ☑ Yes ☐

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

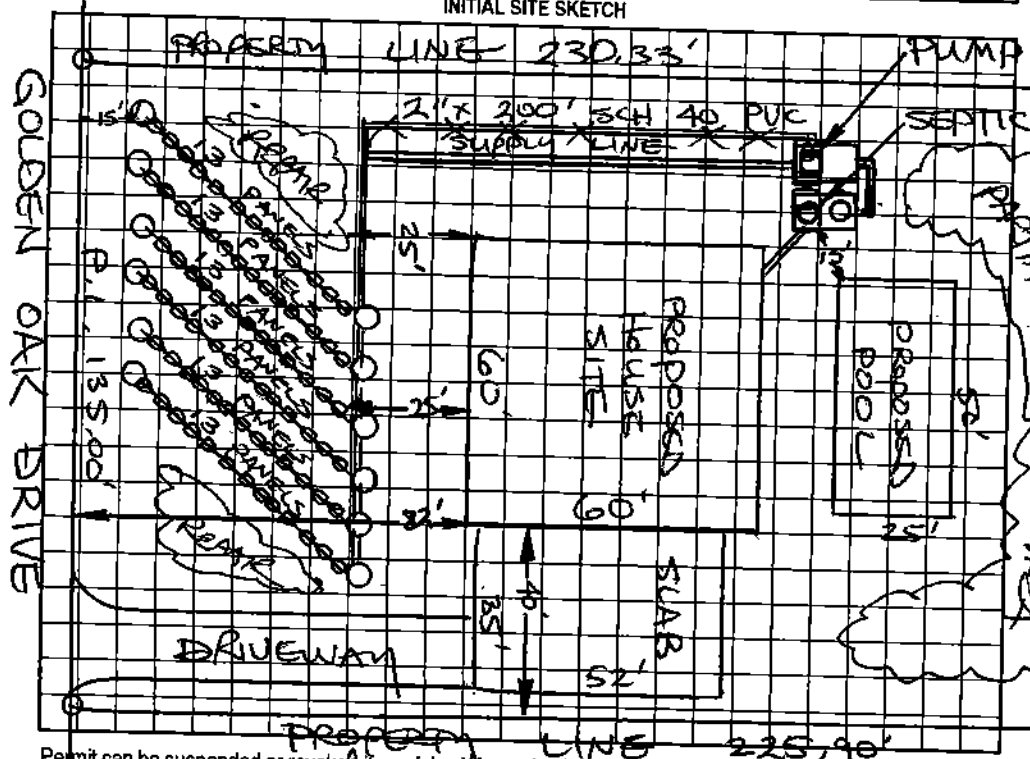
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

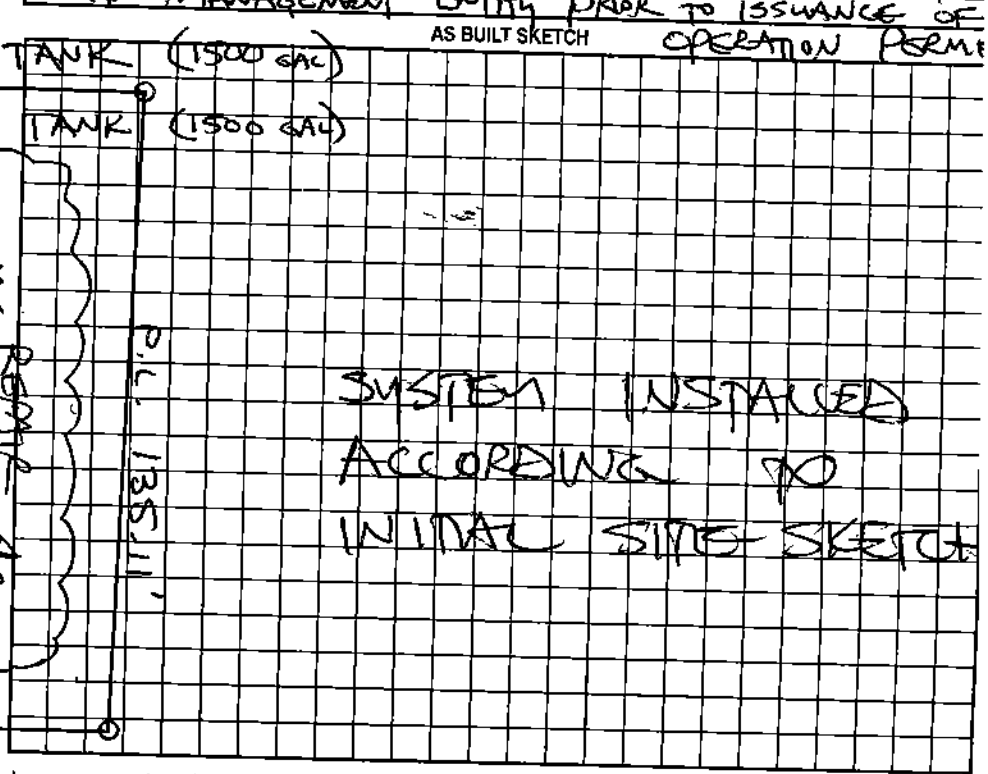
Comments:/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 78 LOW PRESSURE PPBPS PANELS (13 PER LINE) ② KEEP SYSTEM MINIMUM 25' FROM FOUNDATION DRAIN, 15' FROM EMBANKMENT, 15' FROM PROPOSED POOL SITE.

Comments:/Conditions: ③ SEE ATTACHED SHEETS FOR PUMP AND LOW PRESSURE REQUIREMENTS, ④ A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER AN A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERM

INITIAL SITE SKETCH



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: D Yost date 9/25/00 Installed by: JOEY TRAVIS

Improvement Permit by: STEVE HEDRICK date 9-5-00 Operation Permit by: STEVE HEDRICK date 8-13-01

Authorization to Construct by: STEVE HEDRICK date 9-5-00 Existing System Inspection by: date

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