IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087322 PIN# 4735 39 4157 (PART) DATE 1-21-00

OWNER OR CONTRACTOR MARK S. MCINNIS PHONE: Business Home 873-1051

ADDRESS 712 MAPLEWOOD LANE, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR UPPER OAK DR, TL GOLDEN OAK DR, LOT AT END ON LEFT

SUBDIVISION MEADOWOAKS BLOCK / SECTION II LOT 69 LOT AREA 0.763 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB [illegible] Date 6-28-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ. TO 120 Linear Feet 300+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 25% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

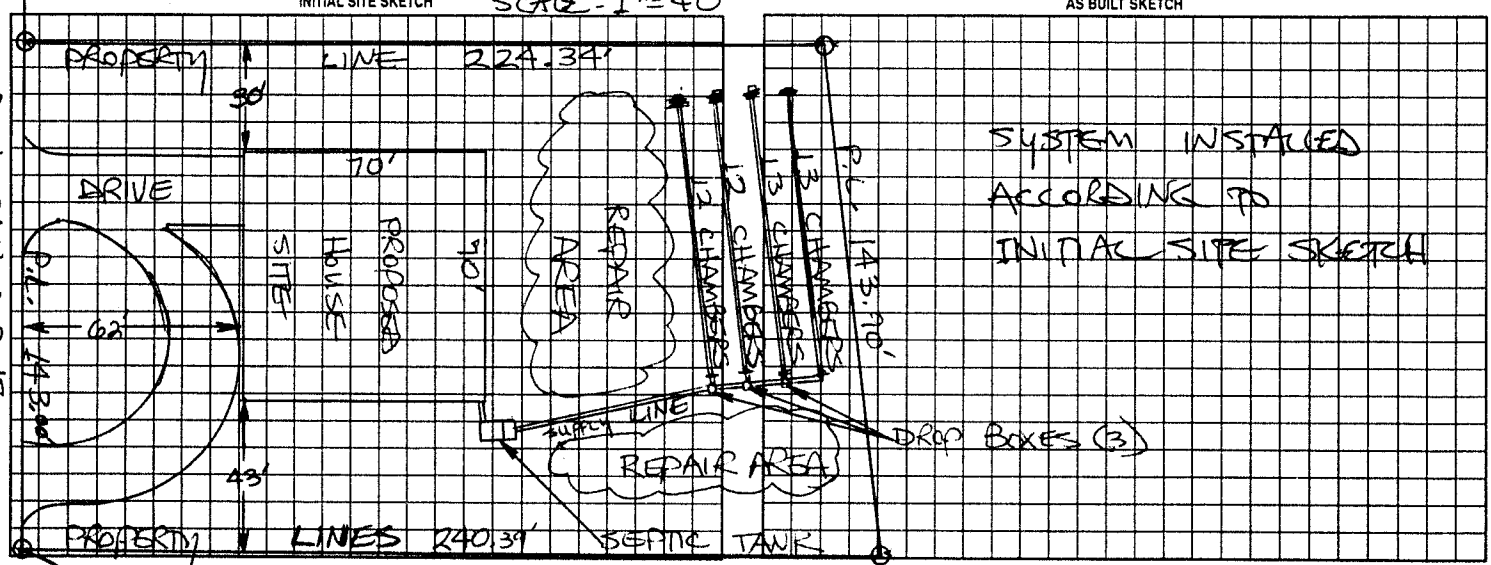
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS (OWNER'S REQUEST) ON CONTOUR AS SHOWN

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: _____ date 1-21-00 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 1-21-00 Operation Permit by: STEVE HEDRICK date 10-19-00

Authorization to Construct by: STEVE HEDRICK date 1-21-00 Existing System Inspection by: _____ date _____

CUL-DE-SAC

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