IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103186 PIN# 4736-84-7384 DATE 11/13/01

OWNER OR CONTRACTOR Todd Rhyne PHONE: Business 902-0383 Home (704) 876-2124

ADDRESS 134 Fair Dale Drive Statesville NC 28625

LOCATION Chipley Ford Rd, (R) Clearview, (R) Fair Dale Drive, Lot on left.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~.458 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 10-19-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 7 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, Conv.
Repair System Description: Pump, 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

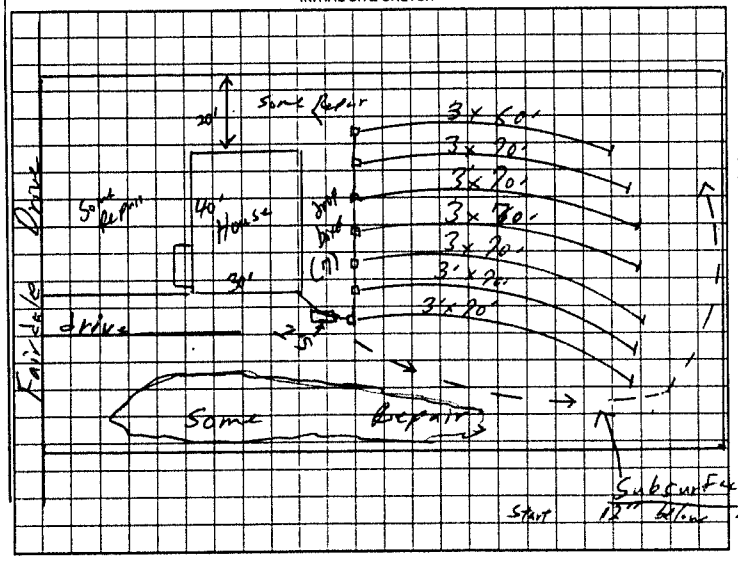
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

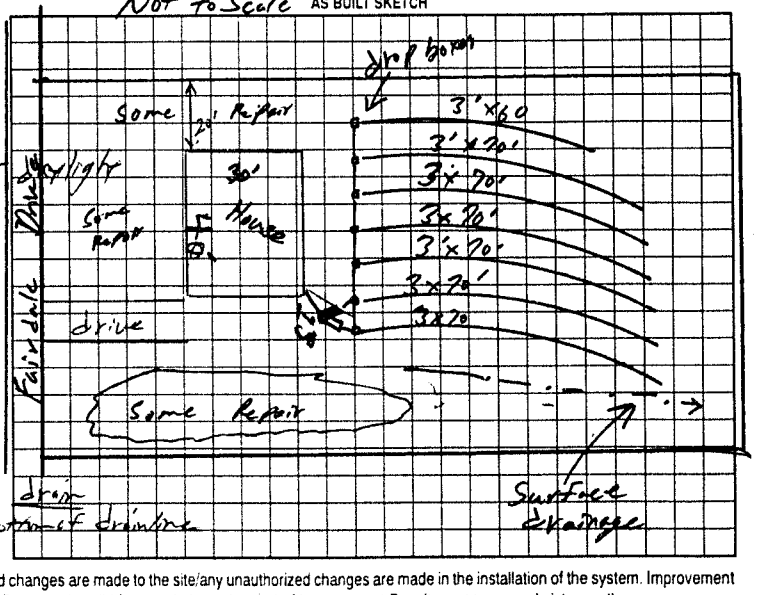
Comments/Conditions: ① Keep 5ft off Property Lines with all Septic Lines ② Install liner on Contour ③ Do Not Install When Wet ④ Install French Drain above System

Comments/Conditions: - Septic Tank Marker - Poly Lok Filter Installed - HO employee given approval to install surface drainage inside of French Drain.

INITIAL SITE SKETCH



Not to Scale 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: Todd Rhyne date 11/14/01
Improvement Permit by: William O. Johnson date 11/13/01
Authorization to Construct by: William O. Johnson date 11/13/01

Installed by: Tommy Frye
Operation Permit by: William O. Johnson date 2/4/02
Existing System Inspection by: ____ date ____

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