*THIS PERMIT REPLACES ONE ISSUED 2-3-00 NOW VOID

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~08~~ 7258/126600 PIN# 4738-58-6843 DATE 7-20-04

OWNER OR CONTRACTOR HOPE BROTHERS PHONE: Business (704) 872-4111 Home (704) 902-4373

ADDRESS 1120 BARKLEY RD. STATESVILLE NC 28677

LOCATION 115 N (R) HAMS GROVE RD (R) N CHIPLEY FORD (L) SNOW CREEK (R) BAILEY (L) RIVER RUN (L) RIVER BANK LOT AT END

SUBDIVISION RIVER RUN BLOCK / SECTION PH II LOT 15-18 LOT AREA 8.99 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8/16/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 26" Gravel Depth N/A

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

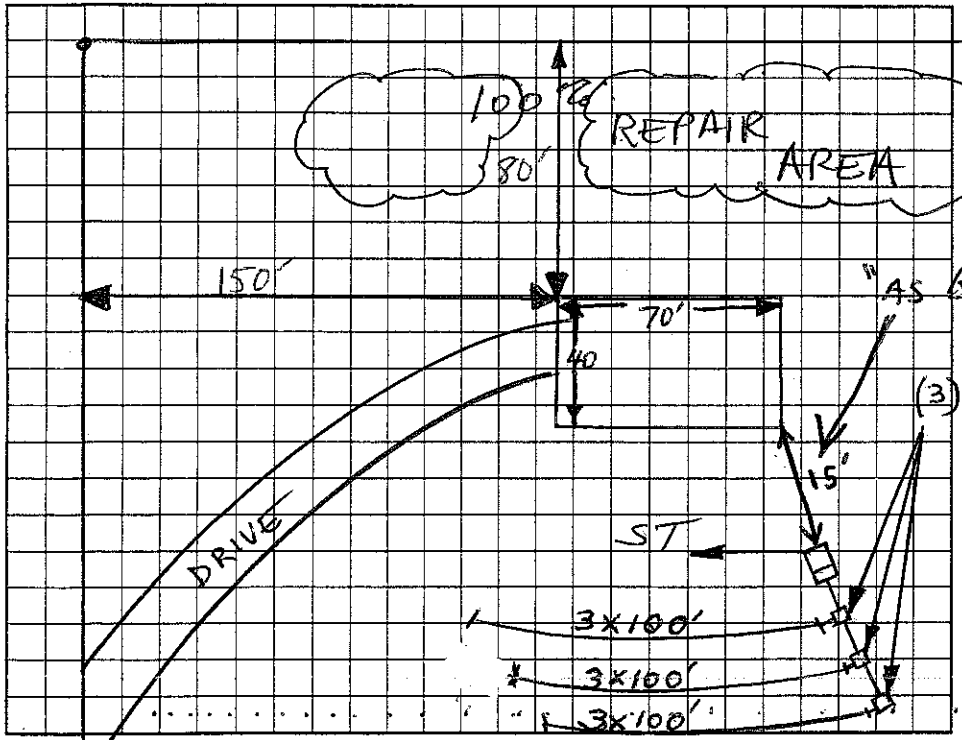
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) INSTALL LINES 26" ON CONTOUR (2) MAINTAIN SETBACKS (3) RECOMMEND NOT TRAVELING OVER SYSTEM WITH 4-WHEELER

Comments/Conditions: ST W/ RISERS AND THF-FIXE FILTER INSTALLED AS DRAWN WITH 75 QUICK-4 INFILTRATORS

SCALE 1" = 60'

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: Tracy Romans date 7-20-04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: Christopher M. Shuler, RS date 7-20-04 Operation Permit by: [signature] date 10/4/05

Authorization to Construct by: Christopher M. Shuler, RS date 7-20-04 Existing System Inspection by: ____ date ____

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