IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086312 PIN# 4739 74 8450 DATE 12-2-99

OWNER OR CONTRACTOR RONALD FANNING PHONE: Business (704) 400-1761 Home 876-4262

ADDRESS P.O. BOX 734, STATESVILLE, NC 28687

LOCATION NC 115 NORTH, TR SNOW CREEK ROAD, TL OLD STAGECOACH LANE, 0.5 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.14 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1007 Date 11-19-99
Pump Tank: 1000 Gallons: PT 274 Date 10-6-99
Pump Make: HYDROMATIC Model SHEPSON Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, PUMP
Repair System Description: CONVENTIONAL, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

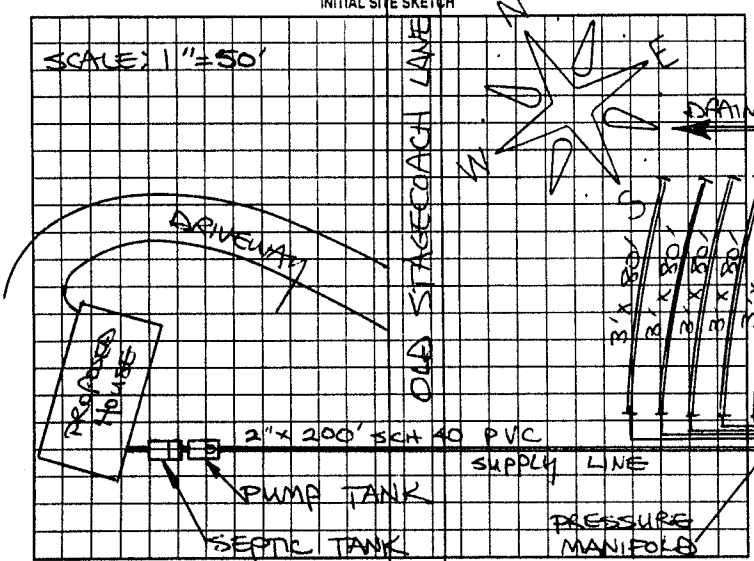
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

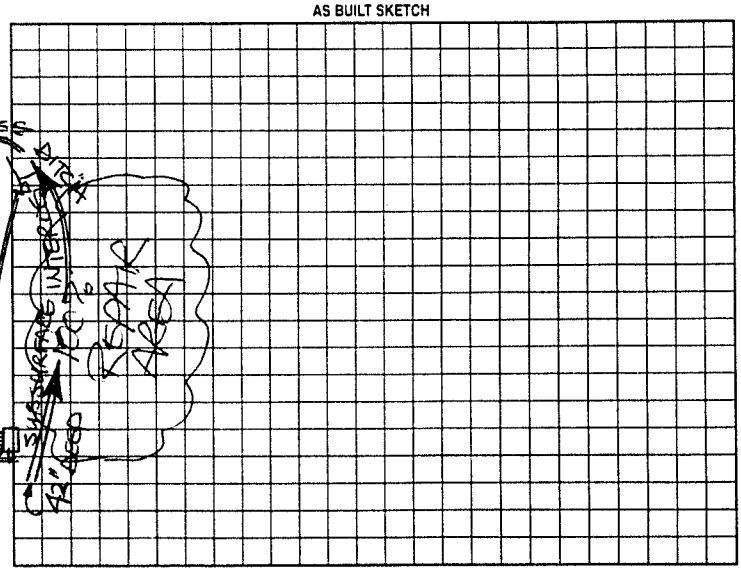
Comments/Conditions ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS ③ INSTALL LINES ON CONTOUR AS FLAGGED

Comments/Conditions ① SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "ZABEL" FILTER ② TANKS AND DRAINLINES INSPECTED 12-28-99

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: Ronald L ____ date 12/2/99 Installed by: Huddler

Improvement Permit by: STEVE HEDRICK date 12-2-99 Operation Permit by: Mark O. of RS date 8-3-00

Authorization to Construct by: STEVE HEDRICK date 12-2-99 Existing System Inspection by: _____ date _____

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