IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87251 PIN# 4746214848 DATE 1-07-00

OWNER OR CONTRACTOR Terry Myers PHONE, Business Home 704-881-0001

ADDRESS 145 Hampton Glen Dr. Statesville, N.C.

LOCATION 21 N to Rimmer Rd TR Fairgate 4th lot left

SUBDIVISION Fairview Fm BLOCK / SECTION LOT 8 LOT AREA 1.7 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 620 Date 5-9-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Conv. Gravity
Repair System Description: Conv. Gravity
Maintenance Agreement Required ☐ Yes ☑ No

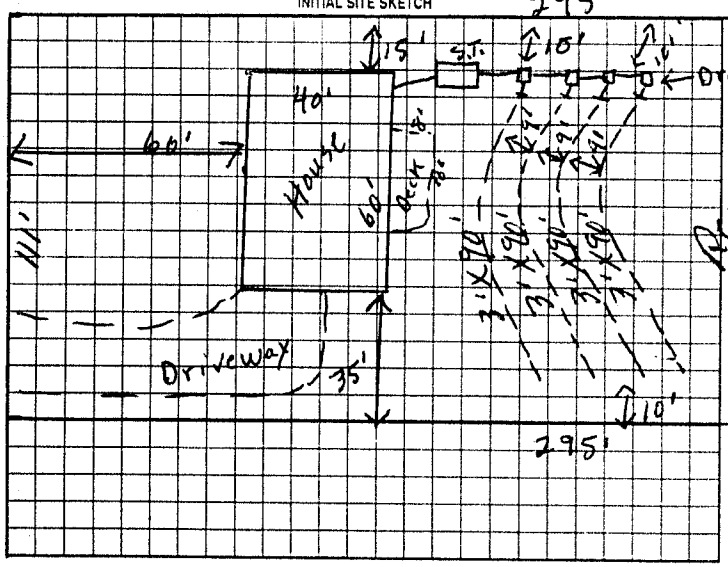
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

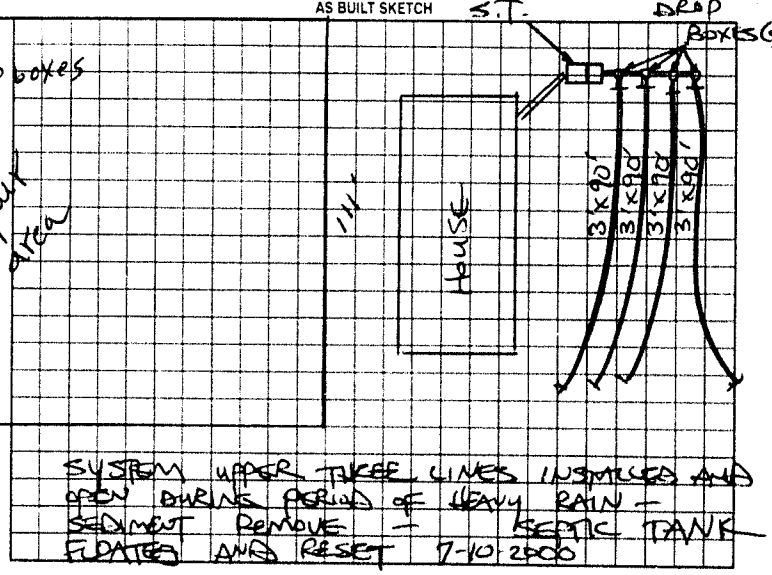
Comments:/Conditions:

Comments:/Conditions SEPTIC TANK W/ RISERS INSTALLED USING "TUFFITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



SYSTEM UPPER THREE LINES INSTALLED AND OPEN DURING PERIOD OF HEAVY RAIN - SEDIMENT REMOVE - SEPTIC TANK FLOATED AND RESET 7-10-2000

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: X Terry C. Myers date Installed by: Sammy Reavis

Improvement Permit by: L. C. Moore date 1-07-00 Operation Permit by: Steve Hedrick date 7-10-2000

Authorization to Construct by: L. C. Moore date 1-07-00 Existing System Inspection by: date

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

Sheet 1