IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 108570 PIN# 4746-55-4811 DATE 8/30/02

OWNER OR CONTRACTOR Horne Building Co. PHONE: Business (Cell) (704) 902-0399 Home (704) 878-2224

ADDRESS 254 Farmwood Drive Statesville N.C. 28625

LOCATION Hwy 21 North @ on Loraindale Drive lot on right

SUBDIVISION Iredell Heights BLOCK / SECTION — LOT 590 LOT AREA 100'x200' SITE CLASS. 05 DESIGN FLOW 240 L.T.A.R. - 30

Septic Tank: 1000 Gallons; STB 1012 Date 8-13-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 280

No Lines 4@70 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth _____

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: Gravity, Conventional

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

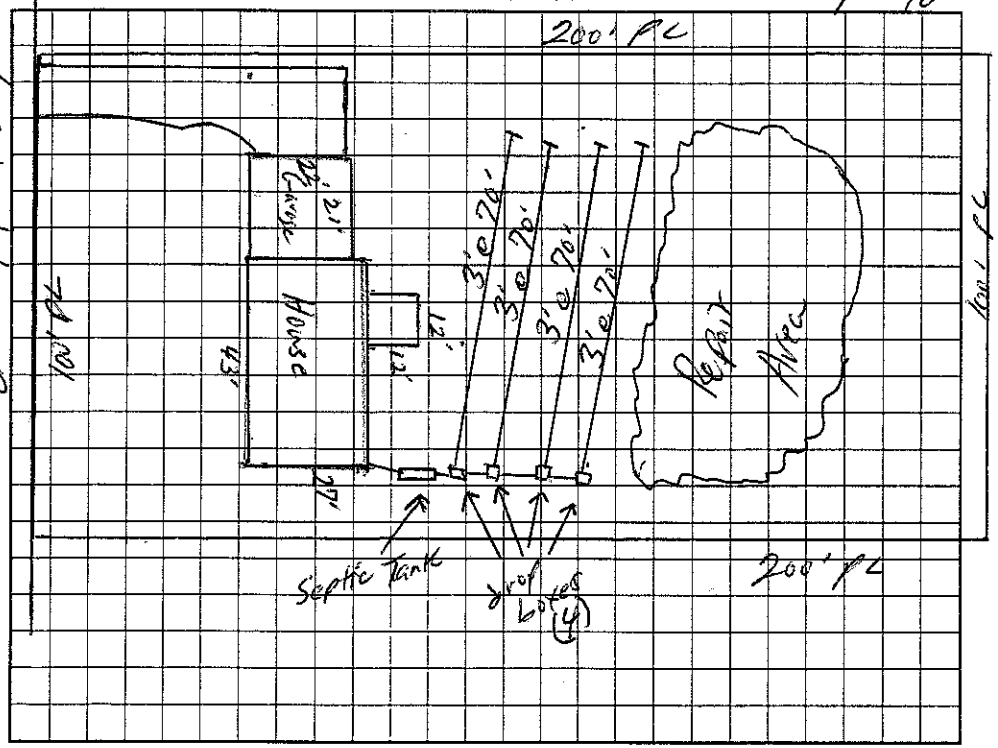
Comments:/Conditions:

Comments:/Conditions:

- Twist-Tite Filter Installed
- ST marker Installed

INITIAL SITE SKETCH

1" = 40'



AS BUILT SKETCH

Installed As Shown per 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 _____ Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 8/30/02 Operation Permit by: William O. Johnson date 3/25/03

Authorization to Construct by: William O. Johnson date 8/30/02 Existing System Inspection by: _____ date _____

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