IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 120960 PIN# 4946-63-9287 DATE 6/3/04

OWNER OR CONTRACTOR Fieldstone Homes LLC PHONE: Business cell (704) 902-4982 Home

ADDRESS 393 River Run Rd Statesville N.C. 28625

LOCATION Hwy 21 N (R) Jane Sowers Rd .035 mile, lot on the right

SUBDIVISION Sherwood Forest BLOCK / SECTION LOT 2 LOT AREA .57 Ac SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .30 sq ft/ft²

Septic Tank: 4000 Gallons; STB 1012 Date 4-27-04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Eq to 1600 Linear Feet 400

No Lines 4@100 Trench Width 36 Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: Gravity, 25% Red.

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

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

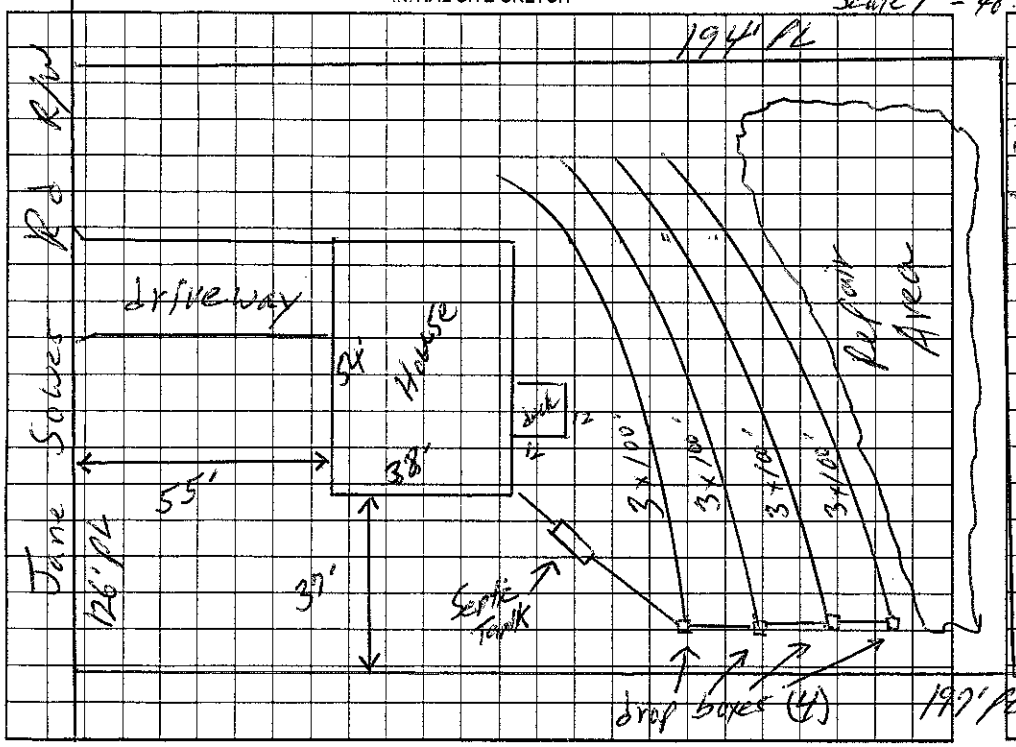
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

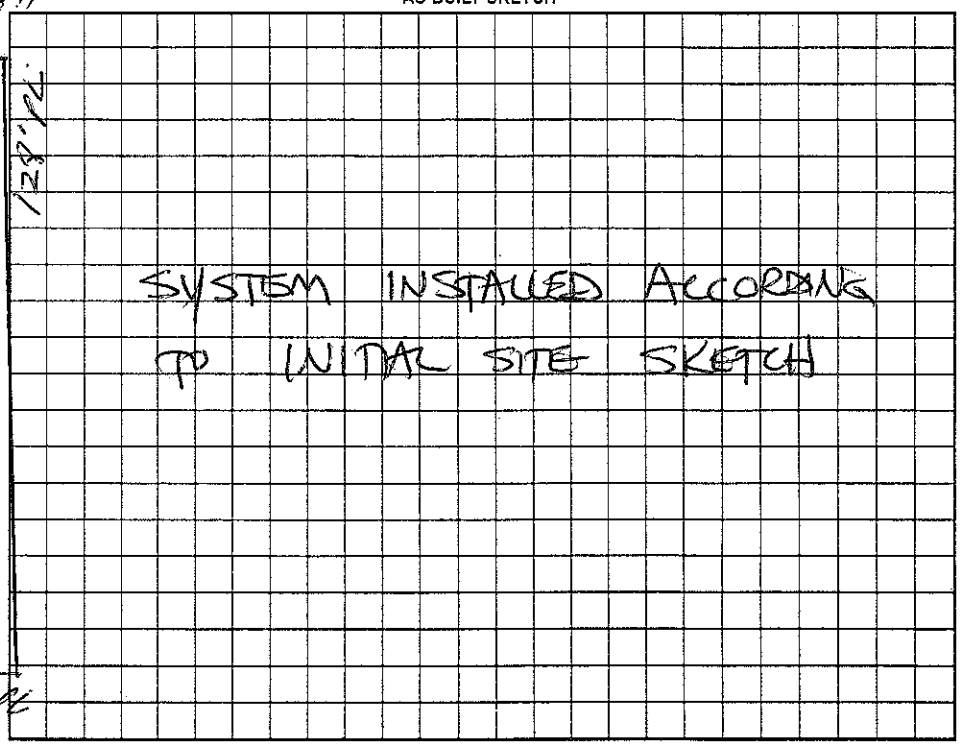
Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" FILTER

INITIAL SITE SKETCH

Scale 1" = 40 Ft



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: Kevin Hyde date 6-8-04

Improvement Permit by: William O. Johnson date 6/3/04

Authorization to Construct by: William O. Johnson date 6/3/04

Installed by: PIEDMONT BACKHOE

Operation Permit by: STEVE HEDRICK date 9-15-04

Existing System Inspection by: date

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