IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13899 20 PIN# 4747558198 DATE 12-22-06

OWNER OR APPLICANT Alan Hebert PHONE: Business 704 881 1611 Home 828 733 9175

ADDRESS Stallion Lane

LOCATION 77 to exit 52, right on Hwy 21, left on Jennings Rd, left on White Farm Rd, left on Donsdale, left on Stallion, property on left

SUBDIVISION Donsdale BLOCK / SECTION 2 LOT 17 LOT AREA .64 SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 4-25-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons _____ No. Employees _____

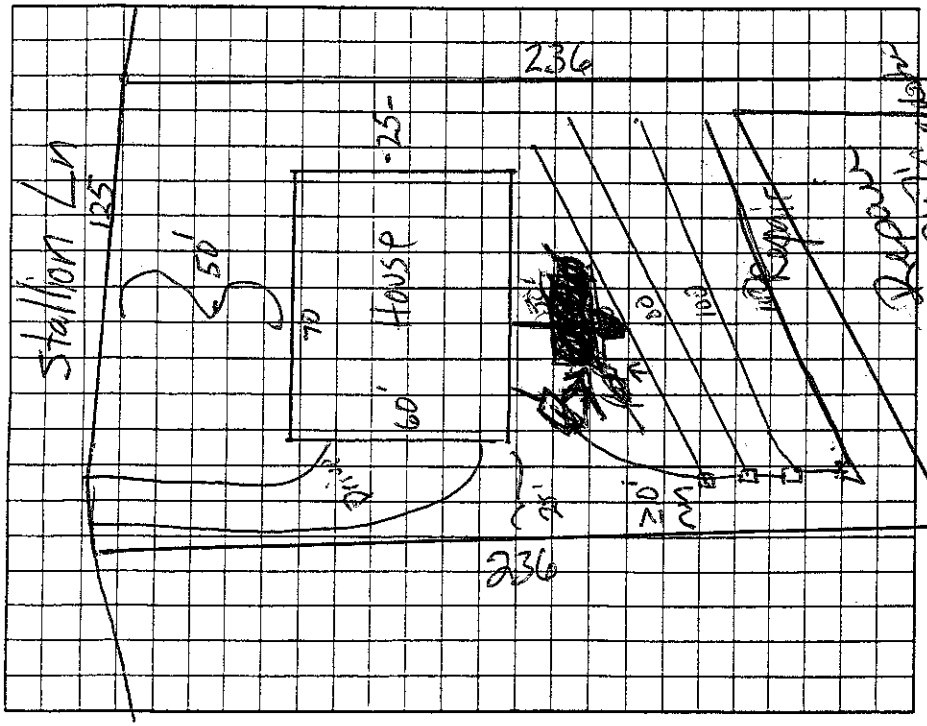
Water Supply: ☐ Individual ☒ Public ☐ Community

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

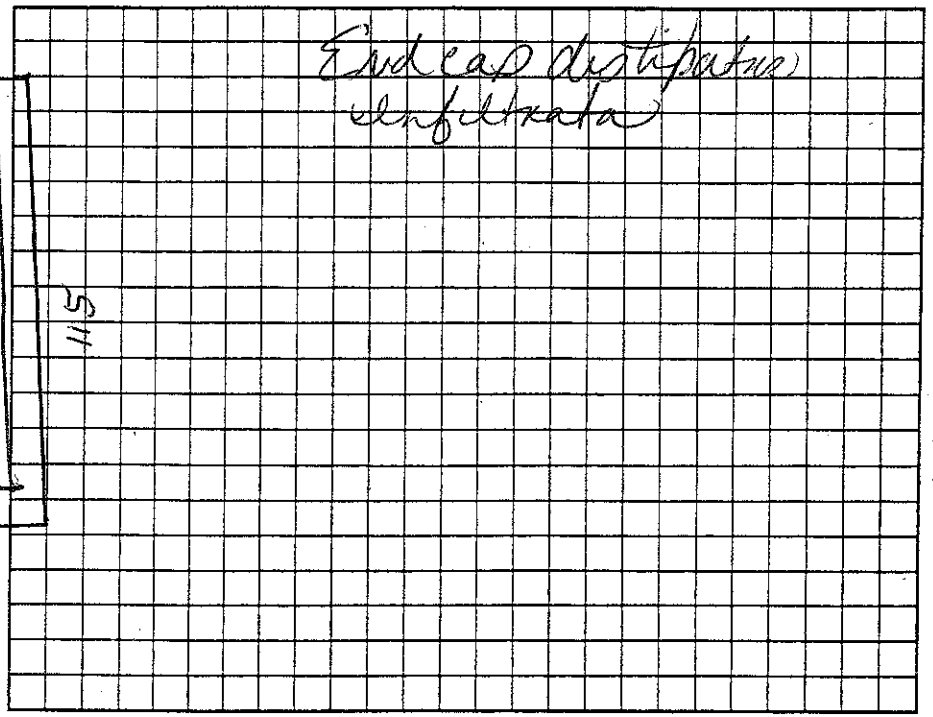
Comments:/Conditions:

Comments:/Conditions:
Red Rolayloak
Septic tank inmahn

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: _____ date 12-22-06 Installed by: Madison Brothers

Improvement Permit by: _____ date 12-22-06 Operation Permit by: _____ date 10 Sept 07

Authorization to Construct by: _____ date 12-22-06 Existing System Inspection by: _____ date _____

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