IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122353 PIN# 4751-16-0838 DATE 8-11-04

OWNER OR CONTRACTOR ALVIN HUFFMAN PHONE: Business 336-262-8301 Home 336-667-3549

ADDRESS 271 ANCIENT OAK DRIVE WILKESBORO, NC 28697

LOCATION AMITY HILL ROAD, TR PILCH ROAD, CONTINUE PEAR TREE ROAD, TR FIELDHAVEN PLACE, 2ND ON RIGHT

SUBDIVISION KELLY FARMSTEADS BLOCK / SECTION III LOT 38 LOT AREA 0.63 ACRE SITE CLASS. PS DESIGN FLOW 360' L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-21-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ERP 1440 Linear Feet 360
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

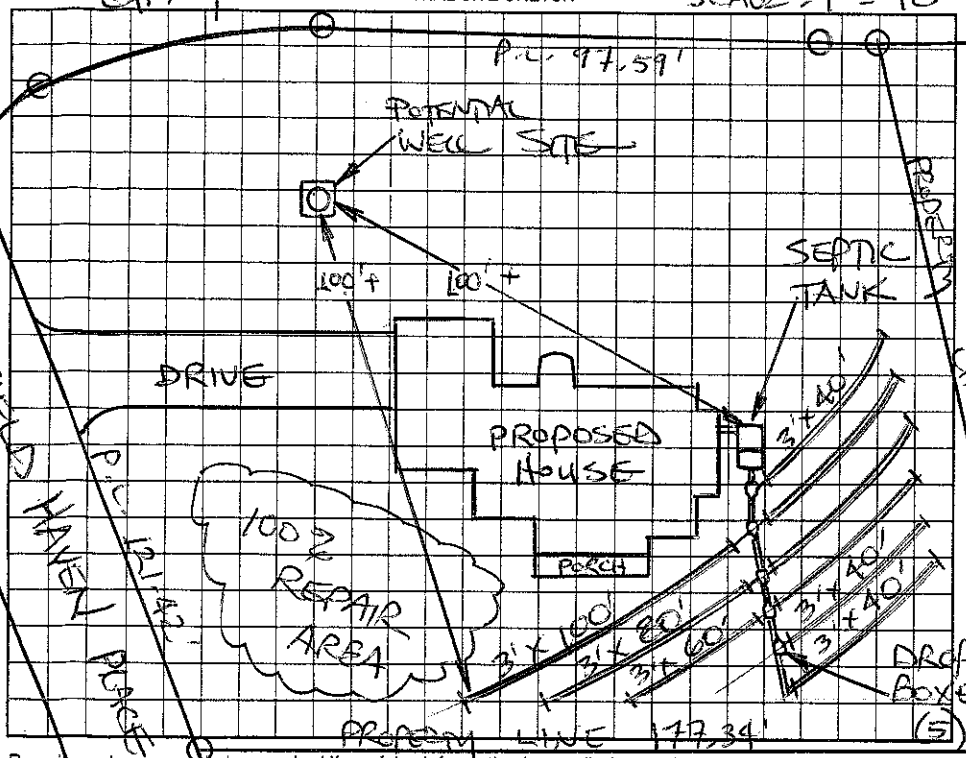
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR, AS SHOWN @ KEEP SYSTEM MINIMUM 100' FROM WELL.

Comments:/Conditions: yellow high-tech filter encased Septic tank Riser installed

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: Brad Duke date 8/12/04
Improvement Permit by: STEVE HEDRICK date 8-11-04
Authorization to Construct by: STEVE HEDRICK date 8-11-04

Installed by: Steve Jordan
Operation Permit by: Kelly Cox date 12-21-05
Existing System Inspection by: ____ date ____

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