IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143124 PIN# 4754-42-7198 DATE 7-2-07

OWNER OR APPLICANT KAREN NANETTE ANDERSON PHONE: Business % 704-873-2547 Home 704-450-1418

ADDRESS 1216 MOUNT OLIVE ROAD, STATESVILLE, NC 28625

LOCATION EAST GREENBRIAR ROAD, TO MOUNT OLIVE ROAD, LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.68 ACRE SITE CLASS: PS DESIGN FLOW 240 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 5-26-07
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 210
No Lines THREE Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 25% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED, NO DEEPER THAN 32"

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED "FAST TRACK" SITE PLAN PREPARED BY MICHAEL ATHANAS & ASSOC., INC.

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 7-9-07 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 7-2-07 Operation Permit by: _____ date 7-13-07

Authorization to Construct by: STEVE HEDRICK date 7-2-07 Existing System Inspection by: _____ date _____

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