IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108350 PIN# 4754-64-4658 DATE 10-25-02

OWNER OR CONTRACTOR JOE D HOUPE PHONE: Business BOYLE-872-1047 Home 704-873-5765

ADDRESS P.O. BOX 5413 STATESVILLE NC 28687

LOCATION EAST SIDE DRIVE, @ GREENBRIAR, ON RT BESIDE BOX #607

SUBDIVISION _____ BLOCK / SECTION _____ LOT 9-16-03 LOT AREA .565 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date ~~9-16-03~~

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ=1260' Linear Feet 200'

No Lines 4X50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 6 RAW PANEL/50% REDUT

Repair System Description: LP 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

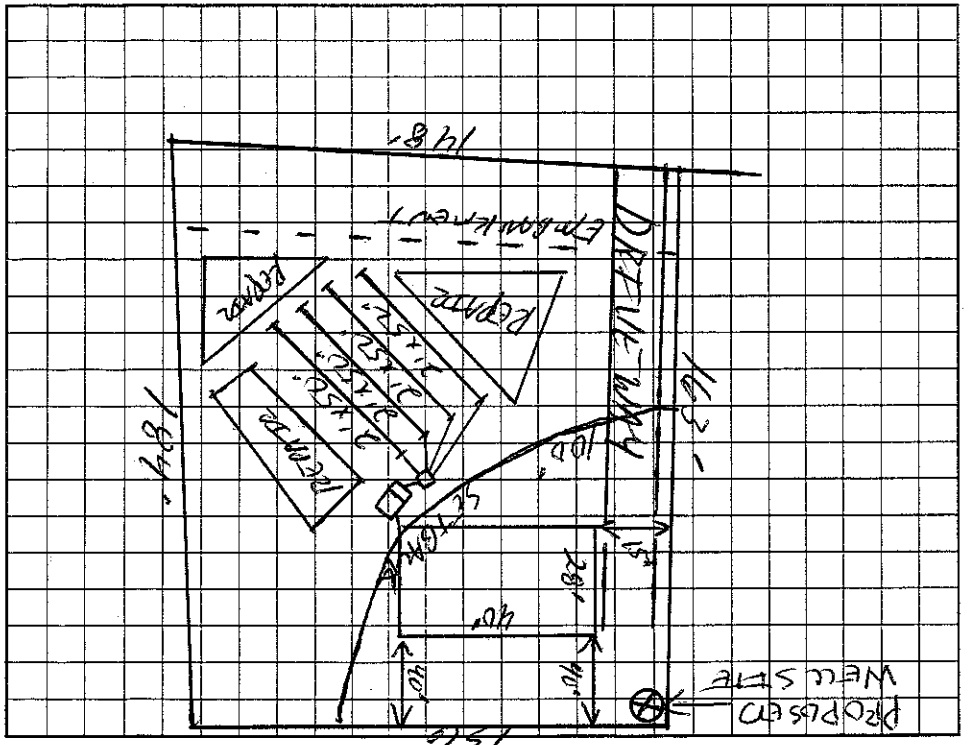
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

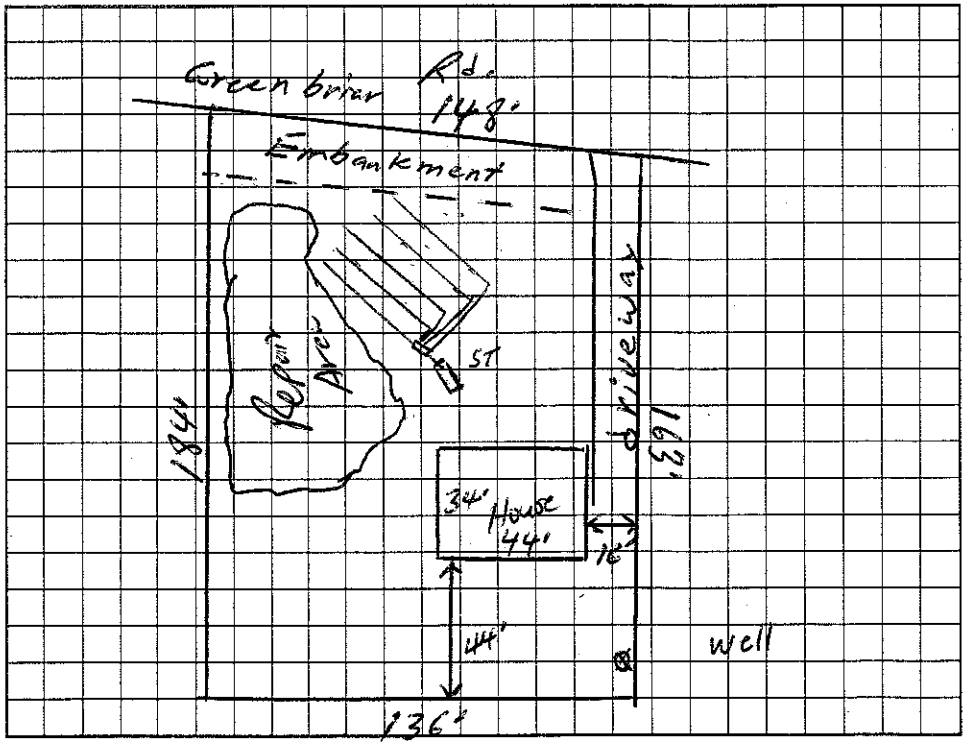
Comments:/Conditions: ① DO NOT CUT PAD TO MULCH. IF CUT EXCESSIVE AMOUNTS THEN WILL AFFECT SYSTEM + VOID PERMIT ② MAINTAIN SETBACK ③ INSTALL LEVELS ON CONTOURS ④ WELL MUST BE 100' FROM SYSTEM.

Comments:/Conditions: - Installed 5 lines @ 40 Ft; Line oKay 12/4/03
- Septic Tank oKay, Label Filter + ST marker Installed. 12/4/03
- Distr. box oKay 12/4/03

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: Joe D. Houpe date 12-30-02 Installed by: Lance Lingle

Improvement Permit by: [signature] date 10-25-02 Operation Permit by: William O. Johnson date 12/16/03

Authorization to Construct by: [signature] date 10-25-02 Existing System Inspection by: _____ date _____

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