# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117415 PIN# 4756-57-~~4112~~-4045 DATE 12-31-03

OWNER OR CONTRACTOR FAITH FULLER PHONE: Business _____ Home 704-902-1075

ADDRESS 6663 JANE SOWERS RD STATESVILLE, NC 28625

LOCATION US 21 North, TR JANE SOWERS RD, 2.3 MILES ON LEFT IN FRONT OF BOX #6663

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.898 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1072 Date 2-3-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~~1920~~ 1920 Linear Feet 480
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: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

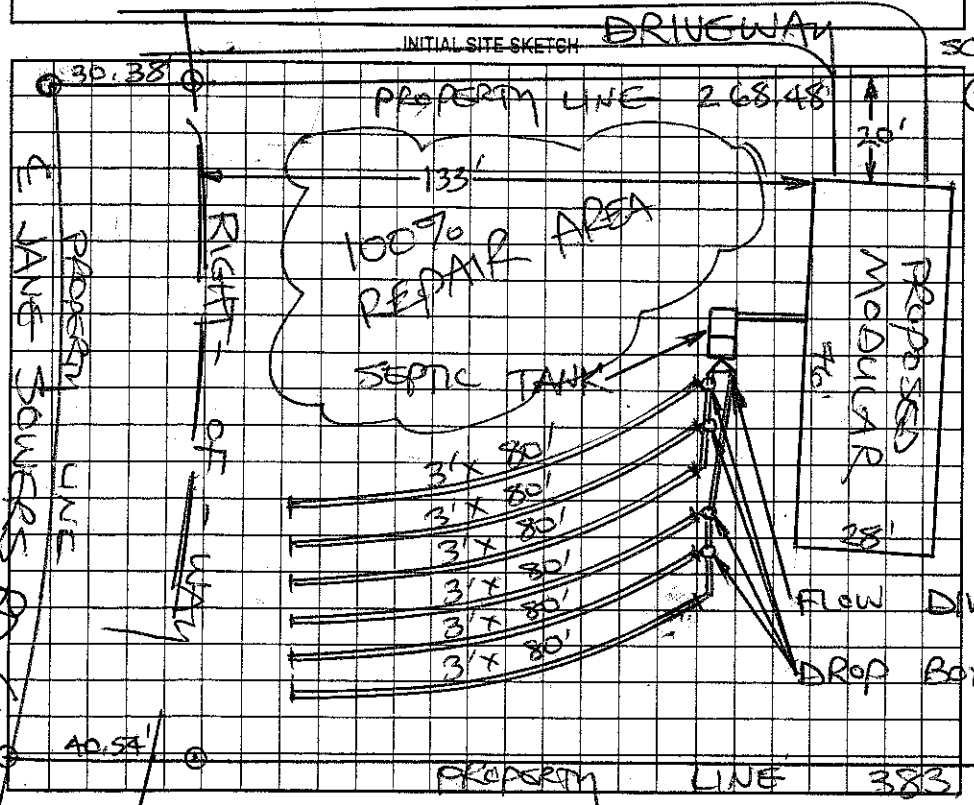
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

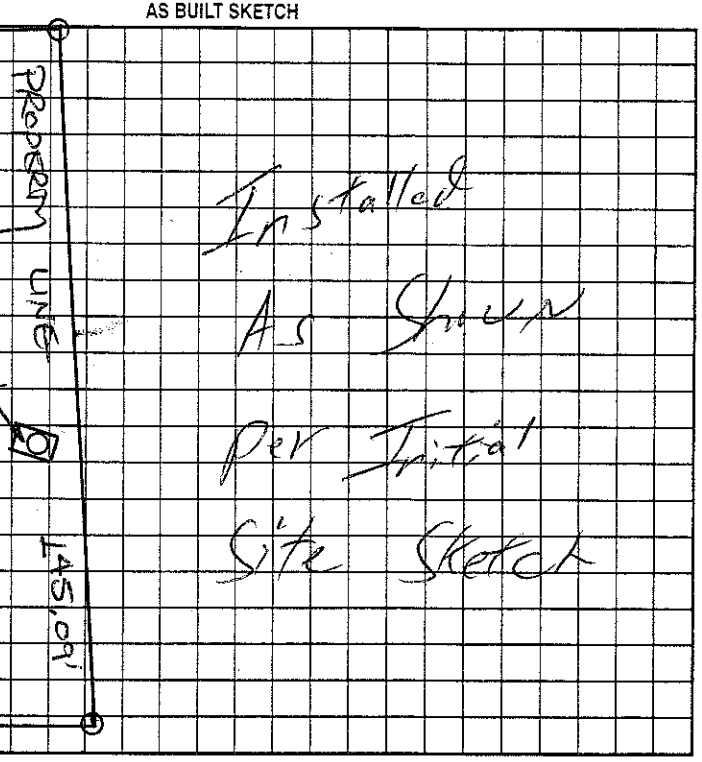
Comments:/Conditions: ① KEEP SYSTEM MINIMUM 100' FROM WELL. ② INSTALL 25% REDUCTION SYSTEM IN SIX EQUAL LENGTH LINES AS SHOWN.

Comments:/Conditions:
- Tuff - Tite Filter + ST marker Installed
- 77 Chamber - Infiltrator 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: + Faith Fuller date 12-31-03 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 12-31-03 Operation Permit by: William A. Johnson date 6/22/04

Authorization to Construct by: STEVE HEDRICK date 12-31-03 Existing System Inspection by: _____ date _____

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