IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 120209 PIN# 4757-46-8916 DATE 4-1-09

OWNER OR CONTRACTOR ANDY TOMLIN PHONE: Business 704-902-4666 Home 704-872-0469

ADDRESS 203 MAPLE CREEK DRIVE, STATESVILLE, NC 28677

LOCATION US 21 NORTH, TL MAPLE CREEK DRIVE, LOT # 40 ON LEFT AT BOX # 203

SUBDIVISION MAPLE CREEK BLOCK / SECTION I LOT 40 LOT AREA 0.652 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB ~~1203~~ Date 8-23-05

Pump Tank: ____ Gallons; PT 1012 Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 640 TO 1200 Linear Feet 300

No Lines THREE 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: 30% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

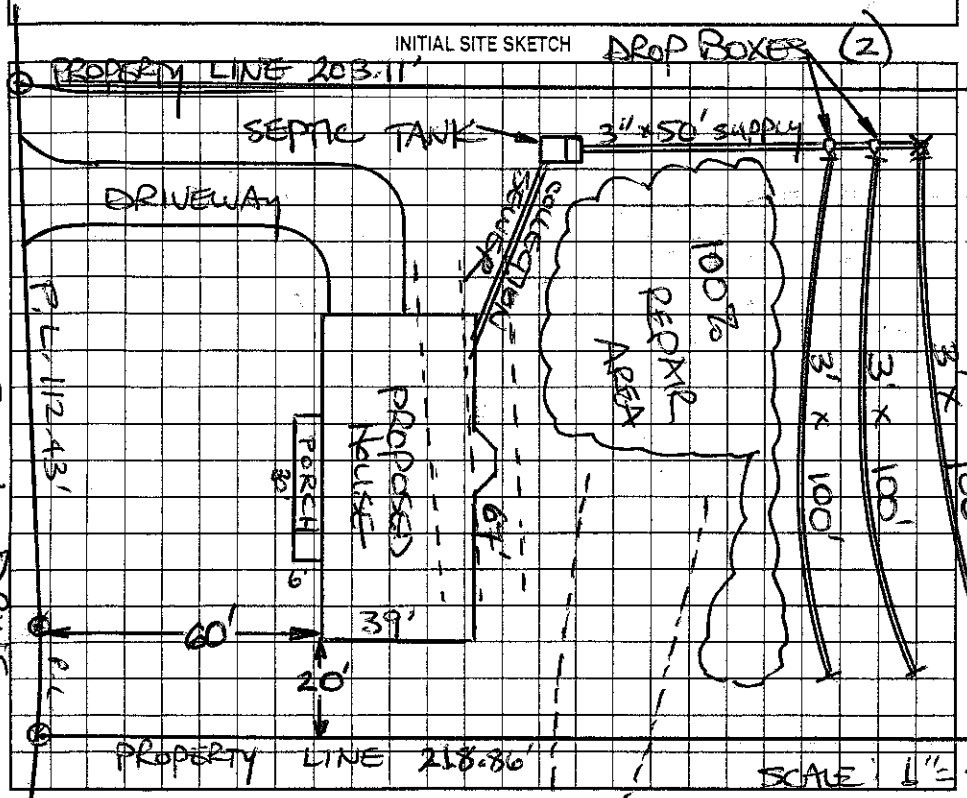
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① REMOVE EXISTING FIELD TERRACE ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN USING 75 "QUICK-4" INFILTRATOR CHAMBERS

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: [signature] date 4-6-09 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HENDRICK date 4-1-09 Operation Permit by: STEVE HENDRICK date 4-12-06

Authorization to Construct by: STEVE HENDRICK date 4-1-09 Existing System Inspection by: ____ date ____

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