IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PERMIT #102016

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

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

(2)

PERMIT# 125405 PIN# 4757-47-7171 DATE 1-04-05

OWNER OR CONTRACTOR PROGRESSIVE HOME CONSTRUCTION PHONE: Business 704-902-4629 Home 704-539-5089

ADDRESS 444 HUIE ROAD, OLIN NC 28660

LOCATION US 21 NORTH, TL MAPLE CREEK DRIVE, LOT #39 ON LEFT

SUBDIVISION MAPLE CREEK BLOCK / SECTION F LOT 39 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 12-5-04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONVENTIONAL, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms No. Employees

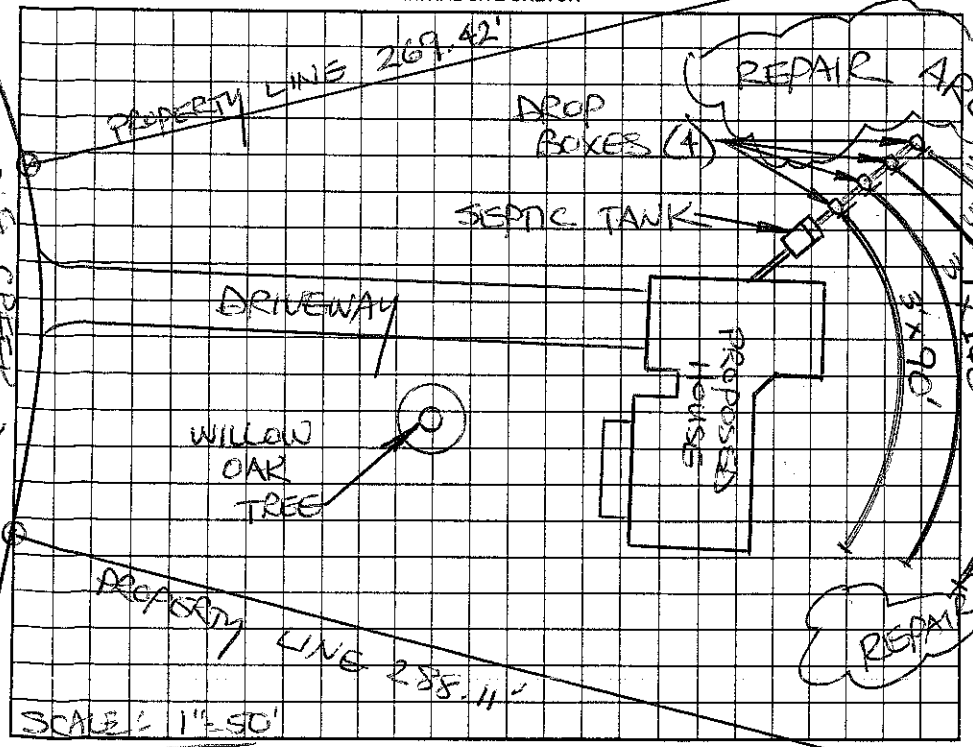
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

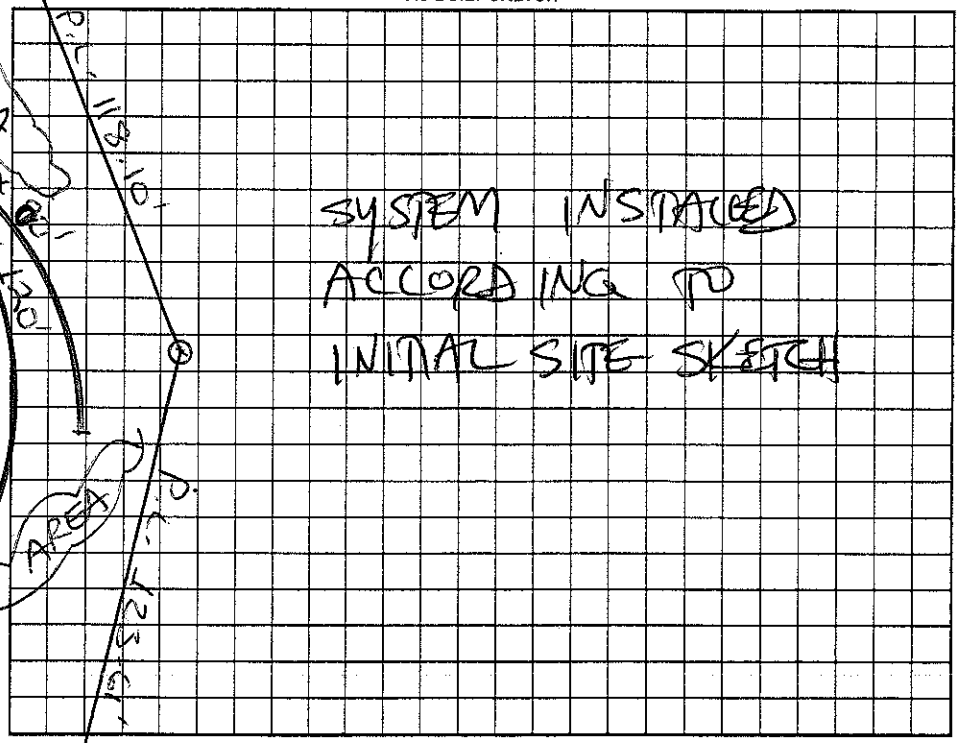
Comments:/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED

Comments:/Conditions: SEPTIC TANK WITH RISERS & MARKER INSTALLED USING RED "POLYLOK" FILTER

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: _____ date 1-5-05 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HENDRICK date 1-04-05 Operation Permit by: STEVE HENDRICK date 5-31-05

Authorization to Construct by: STEVE HENDRICK date 1-04-05 Existing System Inspection by: _____ date _____

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