IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (61) MOORESVILLE 704-664-5281

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

PERMIT# 118158 PIN# 4757-48-4070 DATE 3-3-04

OWNER OR CONTRACTOR SCOTT SLOAN PHONE: Business 704-873-7202 EXT 5456 Home

ADDRESS 339 FIELDSTONE CIRCLE, STATESVILLE, NC 28677

LOCATION US 21 N, TL MAPLE CREEK DRIVE, TL FOUR WINDS DRIVE, LOT #28 ON LEFT

SUBDIVISION MAPLE CREEK BLOCK / SECTION 1 LOT 28 LOT AREA 1.48 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-3-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet PER T° 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: 50% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

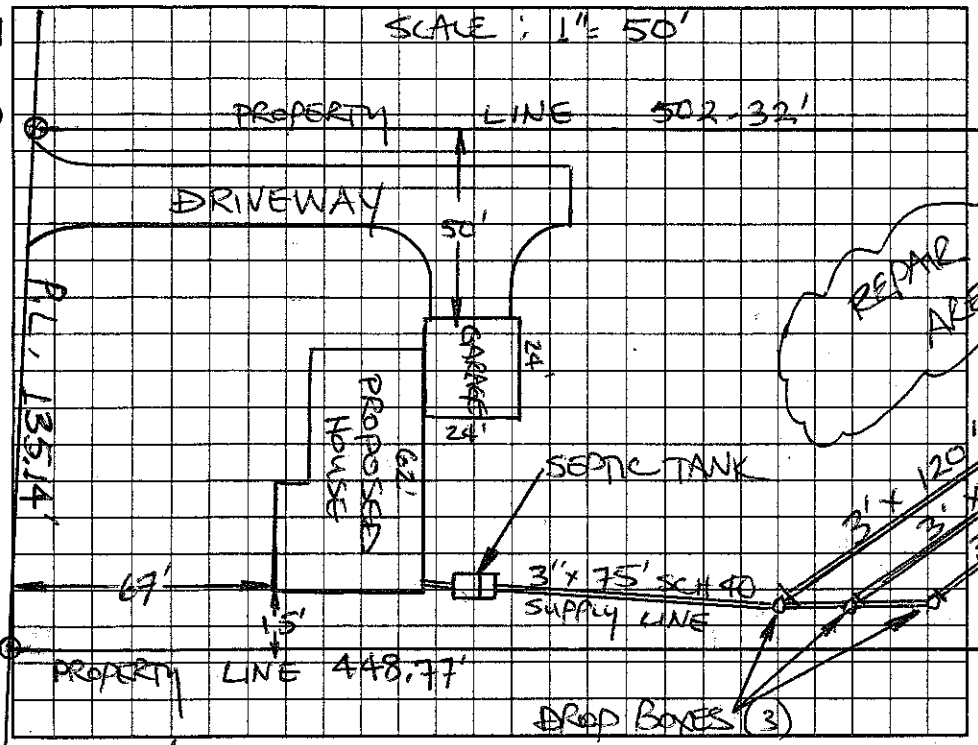
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

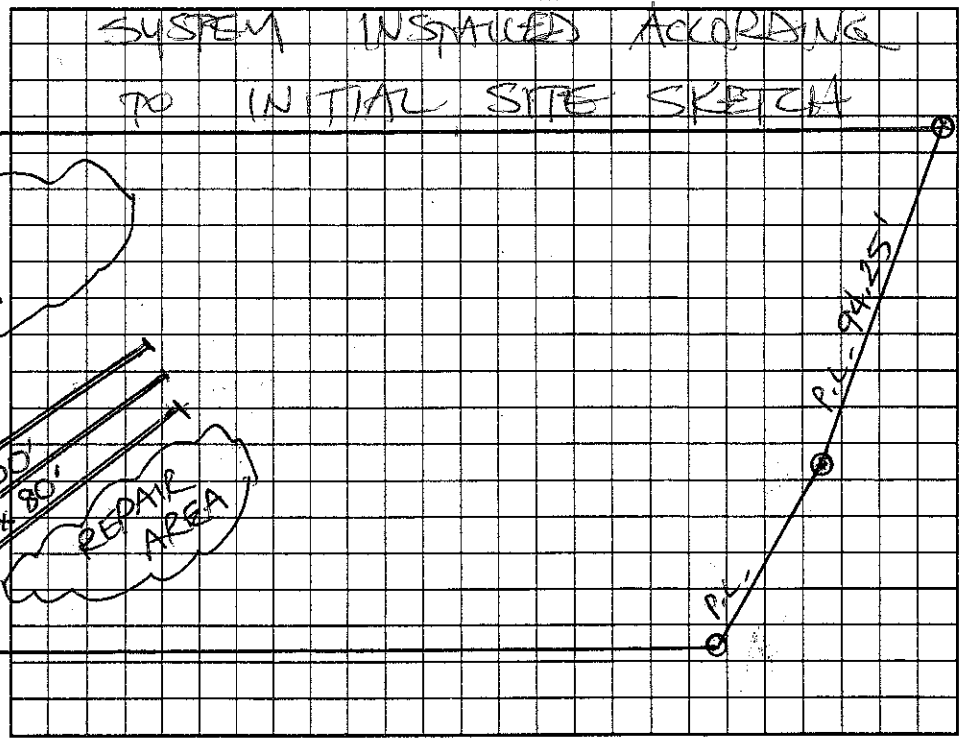
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AS FLAGGED ON CONTOUR

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" 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: [signature] date 3/3/04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-3-04 Operation Permit by: STEVE HEDRICK date 7-21-04

Authorization to Construct by: STEVE HEDRICK date 3-3-04 Existing System Inspection by: ____ date ____

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