IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127983 PIN# 4757-57-2118 DATE 6-24-05

OWNER OR CONTRACTOR PAT TIGHE CONSTRUCTION PHONE: Business 704-929-9282 Home

ADDRESS 488 WHITE OAK BRANCH ROAD, STATESVILLE, NC 28625

LOCATION US 21 NORTH, TL MAPLE CREEK ROAD LOT # 3 ON RIGHT

SUBDIVISION MAPLE CREEK BLOCK / SECTION I LOT 3 LOT AREA 1.365 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-24-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Eq. No Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines Four 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: LARGE DIAMETER PIPE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

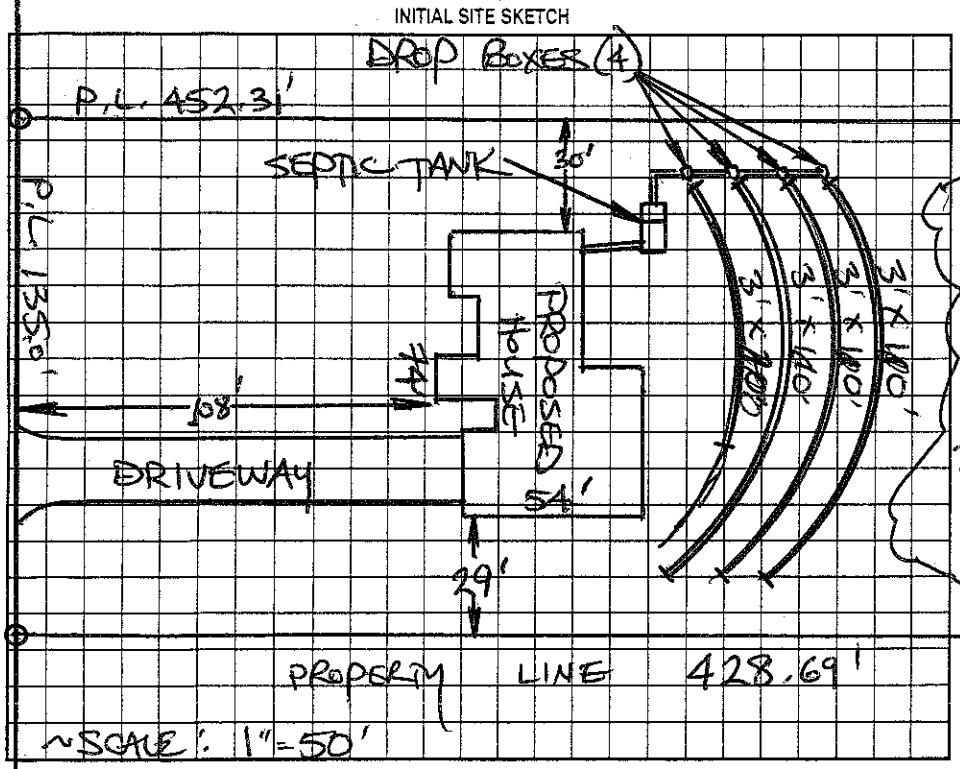
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

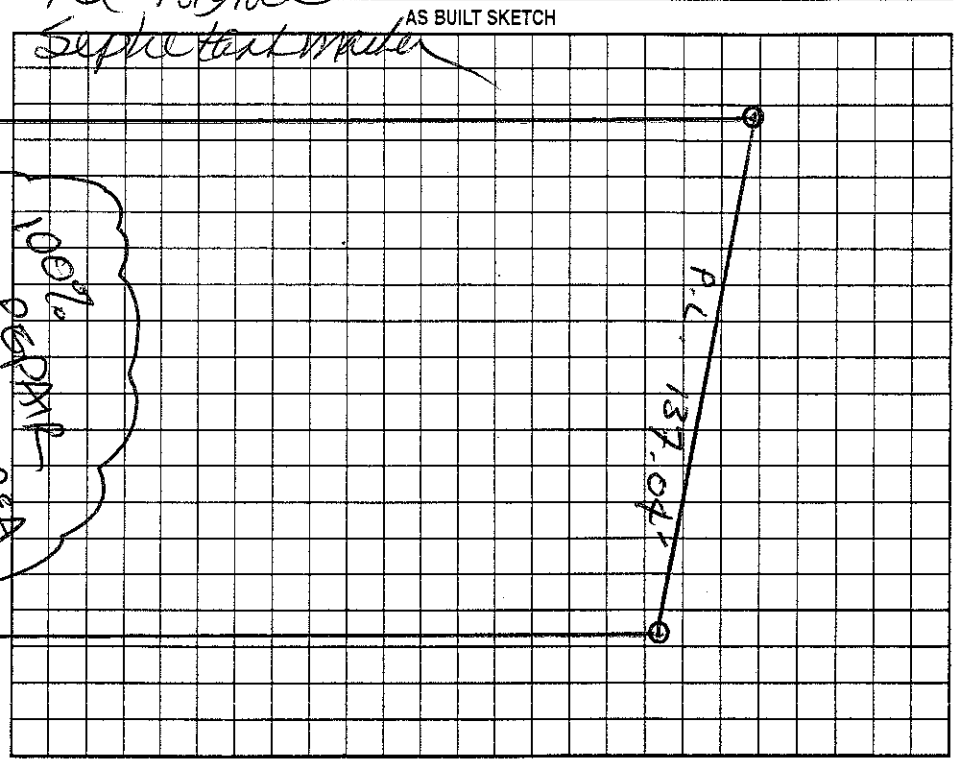
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions: Painted Buffered Corners! Red Polytex Septic Tank Marker

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 6-24-05 Installed by: ____

Improvement Permit by: STEVE HEDRICK date 6-24-05 Operation Permit by: ____ date 4-19-06

Authorization to Construct by: STEVE HEDRICK date 6-24-05 Existing System Inspection by: ____ date ____

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