CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100626 PIN# 4757586000 DATE 6-6-01

OWNER OR CONTRACTOR BRYAN PEEK PHONE. Business _____ Home 704-876-3359

ADDRESS 175 DUNLAPGATE RD, STATESVILLE, NC 28625

LOCATION HWY 21N, © MAPLE CREEK, ® FOREWINDS, ATENO IN CUL-DE-SAC

SUBDIVISION MAPLE CREEK BLOCK / SECTION _____ LOT 11 LOT AREA 2.95 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1612 Date 8-10-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: GRAV CONV
Repair System Description: GRAV 25% REP
Maintenance Agreement Required: [ ] Yes [X] No

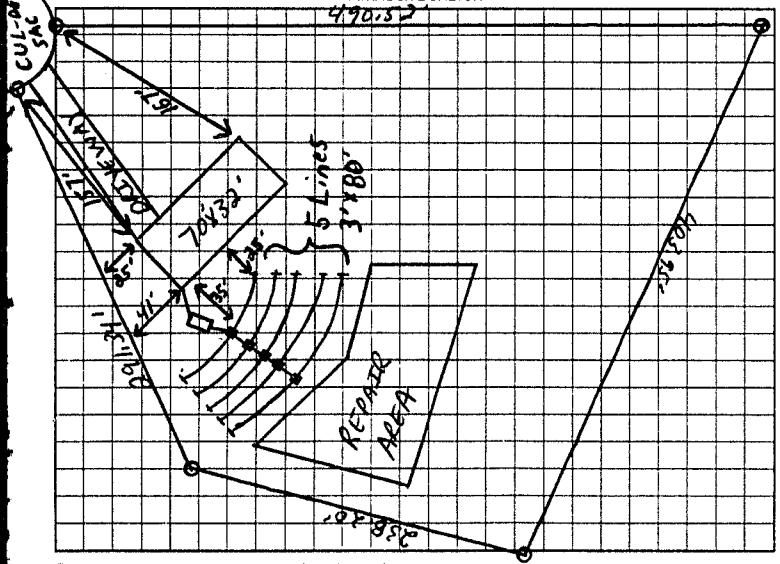
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [X] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

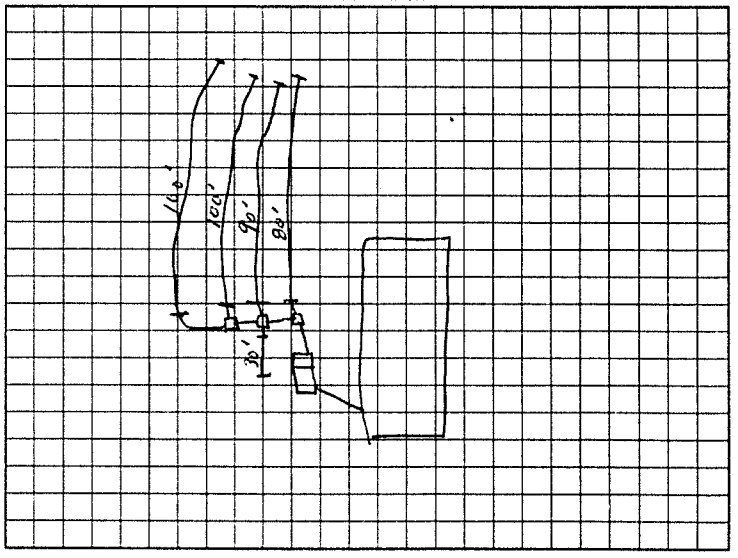
Comments/Conditions: ① INSTALL LINES ON CONTOUR ② MAINTAIN SETBACKS ③ Split feed lines in middle ④ Application is with no plumbing in basement / System is designed to accomodate plumbing in basement.

Comments/Conditions. POLYLOK FILTER 4 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 _____

Improvement Permit by: Jan Cook RSI date 6-11-01

Authorization to Construct by: Jan Cook RSI date 6-11-01

Installed by: TOMMY FAYE

Operation Permit by: Jan Cook RS date 12-21-01

Existing System Inspection by: _____ date _____

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