CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103050 PIN# 4757-58-6332 DATE 11-14-01

OWNER OR CONTRACTOR MARK TAYLOR PHONE: Business 704-872-2411 / 336-317-0863 Home 704-876-1578

ADDRESS 102 FOUR WINDS DRIVE, STATESVILLE NC 28625

LOCATION HWY 21 N, (L) MAPLE CREEK, (R) FOUR WINDS, AT END ON LEFT

SUBDIVISION MAPLE CREEK BLOCK / SECTION _____ LOT 12 LOT AREA 3.384 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 09-07-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EG=1920 Linear Feet 320'
No Lines 8x40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI
System Description: GRAV PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

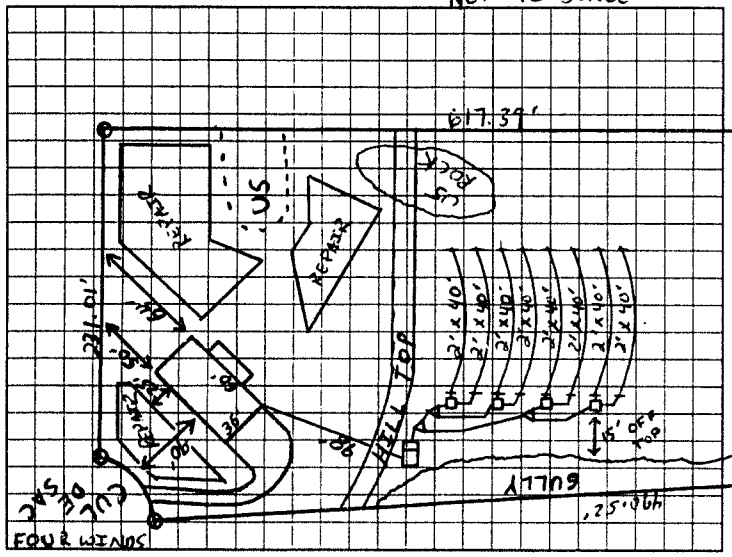
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) MAINTAIN BASEMENT DEPTH SHALLOW ENOUGH TO ACHIEVE GRAVITY FALL FROM HOUSE SITE TO ST/DRAIN FIELD AREA. (4" per 1' of FALL) (4) USE 3 FLOW DIVIDER

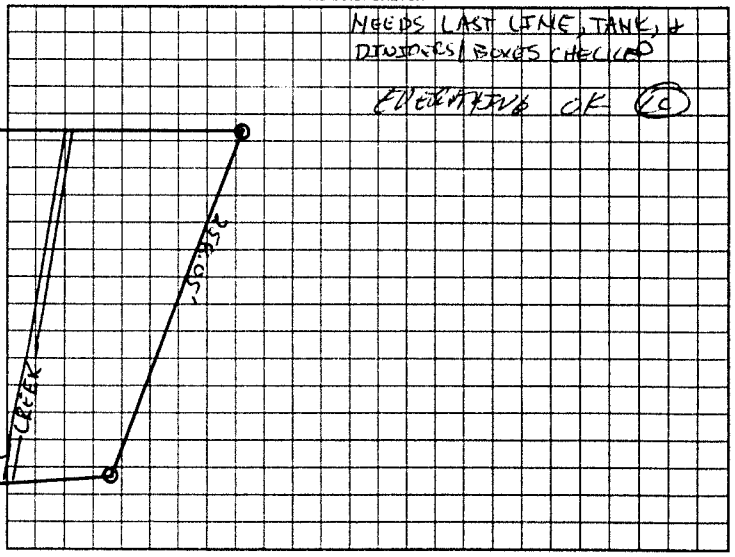
Comments/Conditions: TEE'S & 4 DROP BOXES
MARKER & POLYLOK FITTING

INITIAL SITE SKETCH "NOT TO SCALE"



AS BUILT SKETCH

NEEDS LAST LINE, TANK, & DIVIDERS/BOXES CHECKED
ELEVATIONS OK (C)



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: Kelly Lambert date 11-15-01 Installed by: Mitchell Grading

Improvement Permit by: [signature] RS date 11-14-01 Operation Permit by: [signature] RS date 03-08-02

Authorization to Construct by: [signature] RS date 11-14-01 Existing System Inspection by: _____ date _____

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