IREDELL COUNTY HEALTH DEPARTMENT

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

called in 2-17 RL

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

PERMIT# 10308 PIN# 4758 77 ~~9765~~ 8334 DATE 2/1/02

OWNER OR CONTRACTOR PETREE STYRON BUILDERS PHONE: Business 873-5367 Home 704-902-4607

ADDRESS 605 GREENBERRY DR. STATESVILLE 28625

LOCATION 2IN- TL FAIRMOUNT - TL WINDROW - 5TH ON RT

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION ____ LOT 12 LOT AREA .487 SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-23-06

Pump Tank: ~~1000~~ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' 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: GRAVITY 25% REDUCTION

Repair System Description: LT PANEL 6

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

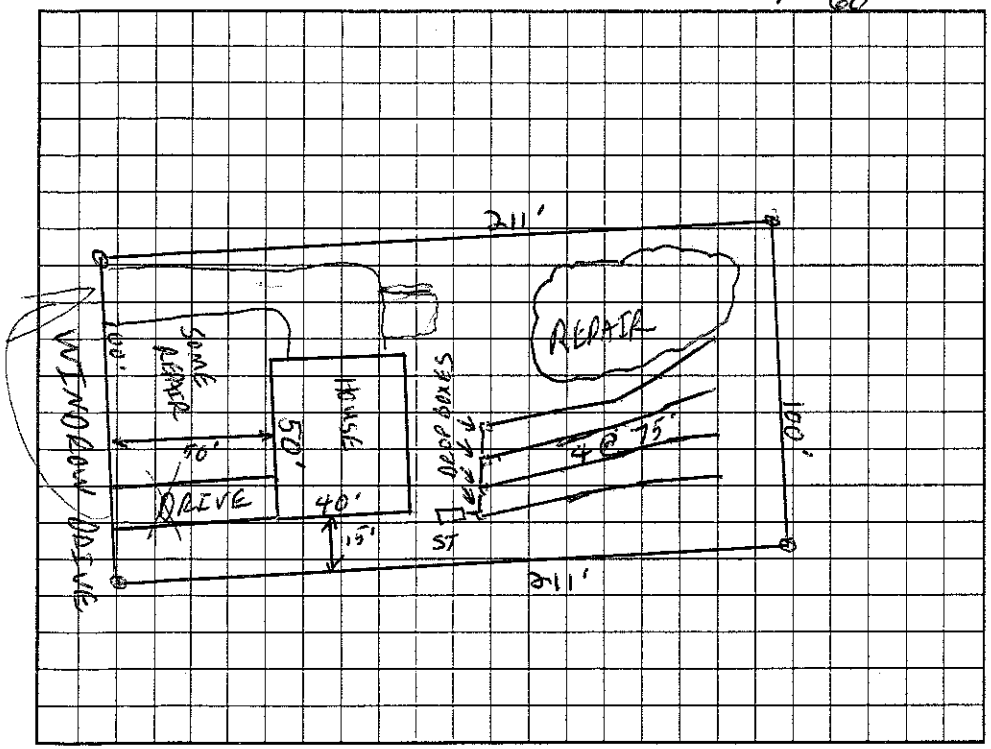
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

Yellow Filter w/ risers

INITIAL SITE SKETCH 1"=60'



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: ____ date 2/1/02

Authorization to Construct by: ____ date 3/10/05

Installed by: Steve Jordan

Operation Permit by: ____ date 2-14-06

Existing System Inspection by: ____ date ____

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