IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123235 PIN# 4758-77-8434 DATE 8/31/04

OWNER OR CONTRACTOR PETREE STYRON BUILDERS, LLC PHONE: Business (704) 873-5367 Home (704) 902-4607 (4608)

ADDRESS 605 GREENBERRY DR. STATESVILLE 28625

LOCATION 21N TL FAIRMOUNT TL WINDROW LOT 13 ON RIGHT (116 WINDROW)

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION ____ LOT 13 LOT AREA .487 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-23-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 4 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 2' SAND

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY/PANELS 50% REDUCTION
Repair System Description: LPP/PANELS 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

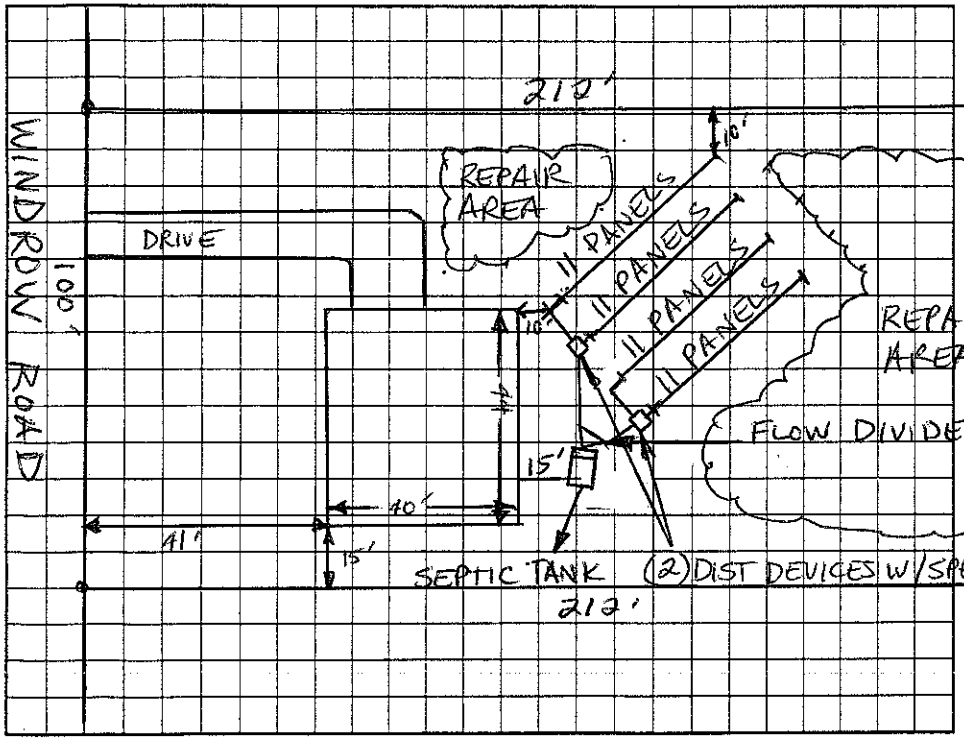
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① TOTAL 44 PANELS ② INSTALL PANELS 32" ON CONTOUR ③ RAKE & LIME TRENCH WALLS ④ MAINTAIN SETBACKS ⑤ ELEVATION OF PLUMBING CRITICAL OR WILL HAVE TO PUMP ⑥ USE APPROVED TAR ROPE SEAL/FOAM EQUIVALENT

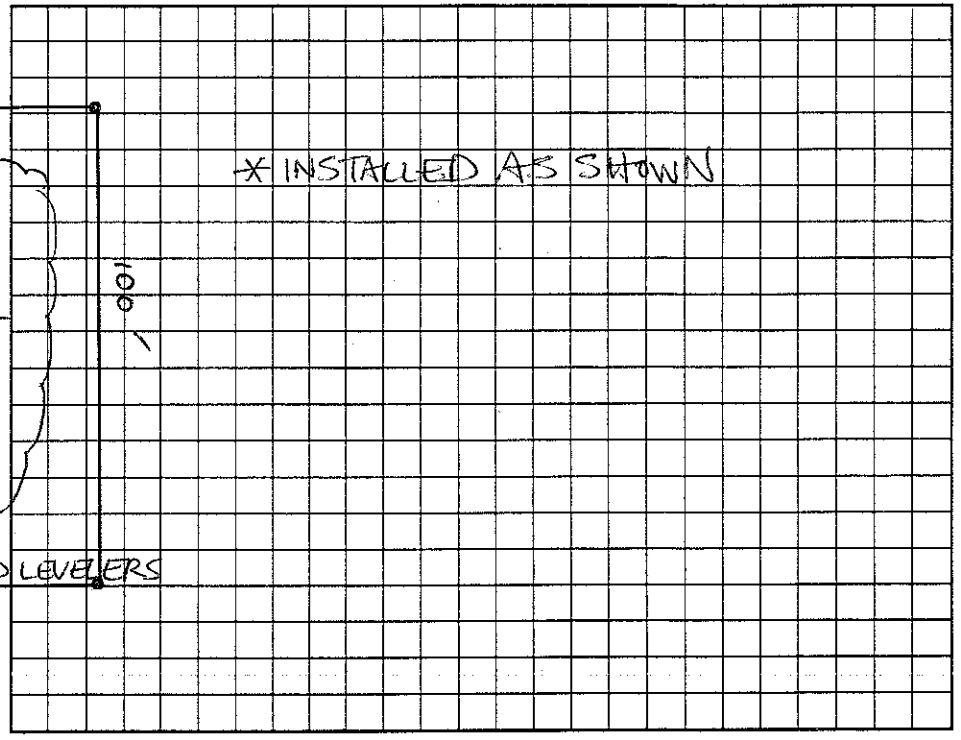
Comments/Conditions: ① YELLOW 'TUFF-TITE' FILTER & MARKER ON TANK ② 'SPACE INVADER' USED AS SEALANT

SCALE 1" = 40'

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 9/17/04

Improvement Permit by: Christopher M. Shirley, PS date 8-31-04

Authorization to Construct by: Christopher M. Shirley, PS date 8-31-04

Installed by: PIEDMONT BACKHOE

Operation Permit by: Christopher M. Shirley, PS, LSS date 5-25-05

Existing System Inspection by: ____ date ____

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