IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 10311 PIN# 4758-779-368.15 DATE 5/17/02

OWNER OR CONTRACTOR PETREE STYRON BUILDERS PHONE Business 873 5367 Home

ADDRESS 605 GREENBERRY DR STATESVILLE NC 28625

LOCATION 21N - TL FAIRMOUNT - TL WINDROW - 2nd ON RT

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION LOT 15 LOT AREA .48 AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .3680/ET2

Septic Tank: 1000 Gallons: STB 1012 Date 1-18-02
Pump Tank: 1000 Gallons: PT 17 Date 7-16-02
Pump Make: SQUIDS Model WE0311M Serial No L0160057
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: PUMP 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

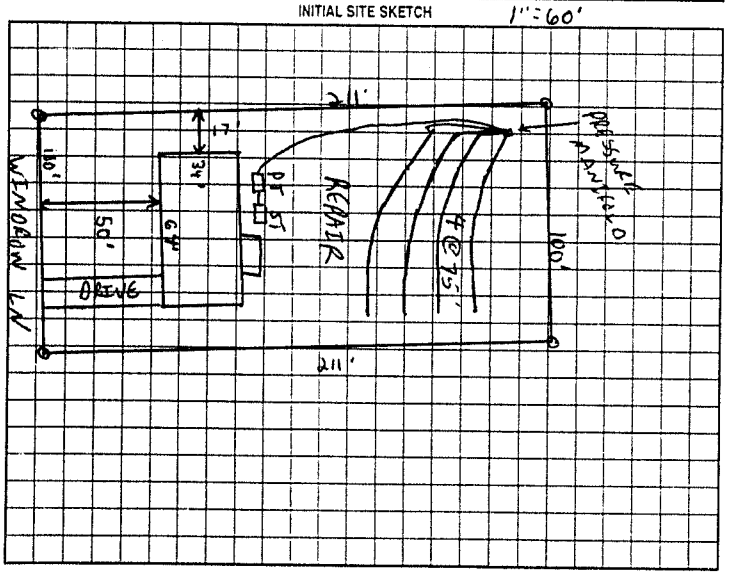
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments/Conditions ① SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER
② DRAINFIELD INSPECTED O.K. - 8-26-02

INITIAL SITE SKETCH 1" = 60'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 plan 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 6/5/02 Installed by STEVE JORDAN

Improvement Permit by: _____ RS date 5/17/02 Operation Permit by STEVE HENDRICK date 10-3-02

Authorization to Construct by: _____ RS date 5/17/02 Existing System Inspection by: _____ date _____

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