10-27 6-12 CS 155.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103112 PIN# ~~4758 17 9368 16~~ 4758-77-8744 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 - 1ST ON RT

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION LOT 16 LOT AREA .509AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3600/Ft

Septic Tank: 1000 Gallons; STB 1012 Date 6-12-02
Pump Tank: 1000 Gallons; PT 17 Date 10-27-02
Pump Make: GOULDS Model WE 03 I1 Serial No. M0249584
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

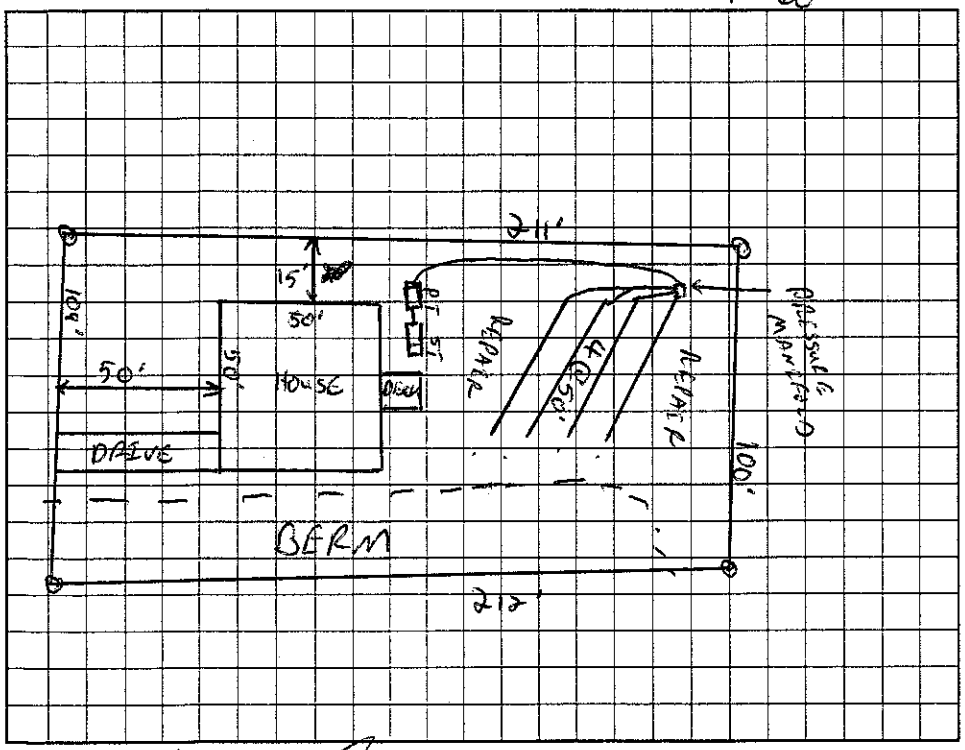
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: TUFFTITE FILTER. MARKER ON S.T. RISERS ON PUMP TANK. V'D PRESSURE, LINES, & TANKS, NEEDS ELECTRICAL. LC 01-07-03 LC 01-22-03 EVERYTHING V'D OK

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: [signature] date 6/5/02 Installed by: Steve Jordan

Improvement Permit by: [signature] CS date 5/17/02 Operation Permit by: [signature] date 01-22-03

Authorization to Construct by: [signature] CS date 5/17/02 Existing System Inspection by: date

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