THIS PERMIT VOIDS PREVIOUS ISSUED 11-19-01

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 103094 PIN# 4758-77-9368.3 DATE 3-11-02

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

ADDRESS 605 GREENBERRY DR, STATESVILLE, NC 28625

LOCATION US 21 N, TL FAIRMOUNT ROAD, TL WINDROW LANE, 3RD LOT ON LEFT

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION ____ LOT 3 LOT AREA 0.487 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-6-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 60 TO 1200 Linear Feet 300
No Lines FIVE 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: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

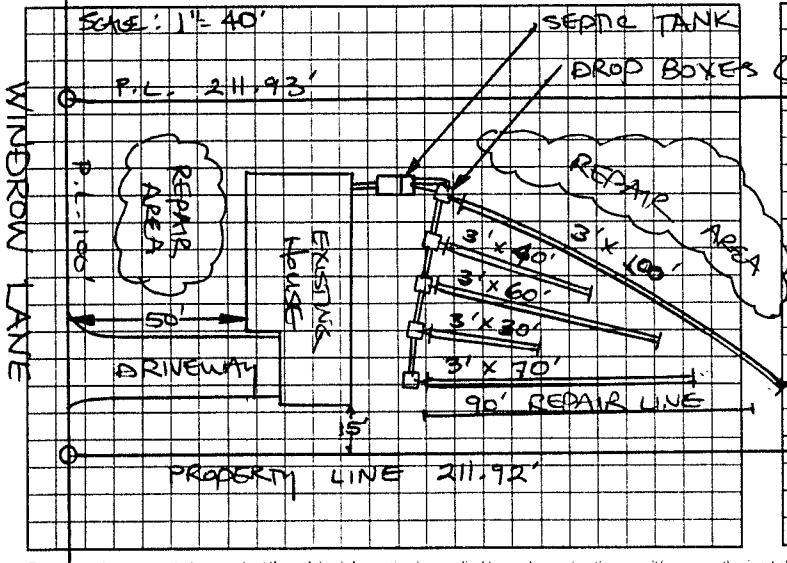
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

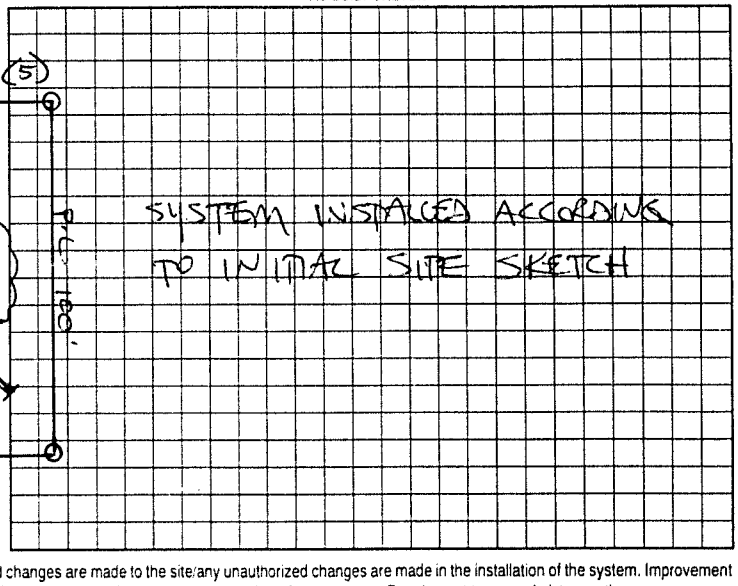
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM AS FLAGGED ON SITE

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: Becky Petree date 3-11-02 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 3-11-02 Operation Permit by: STEVE HEDRICK date 3-28-02

Authorization to Construct by: STEVE HEDRICK date 3-11-02 Existing System Inspection by: ____ date ____

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