IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 103093 PIN# 4758-77-9368.2 DATE 12/10/01

OWNER OR CONTRACTOR PETREE STRATTON BUILDERS PHONE Business 873-5367 Home

ADDRESS 109 WINDROW LN. STATESVILLE NC 28625

LOCATION 21N. TL FAIRMOUNT - TL WINDROW - 2nd lot ON LEFT

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION LOT 2 LOT AREA .984AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36PD/EFF

Septic Tank: 1000 Gallons: STB 1012 Date 9-22-01
Pump Tank: 1000 Gallons: PT 17 Date 3-26-01
Pump Make: GOULDS Model WE-0113M Serial No 80255537
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

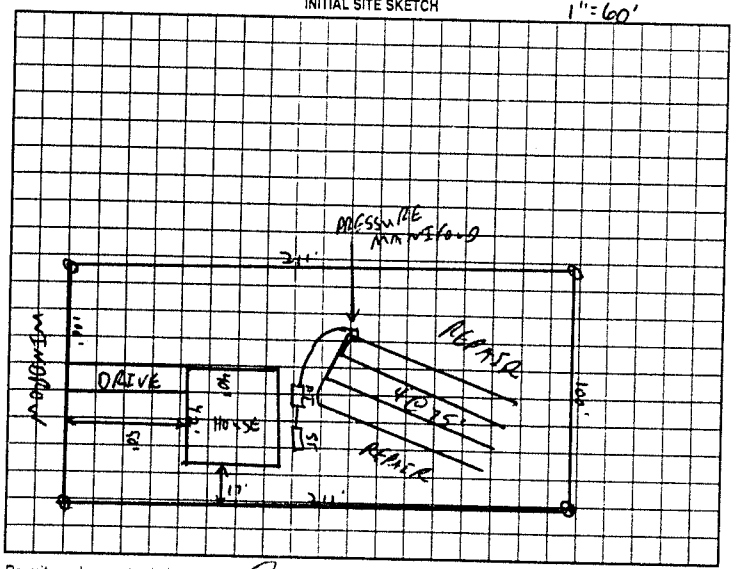
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

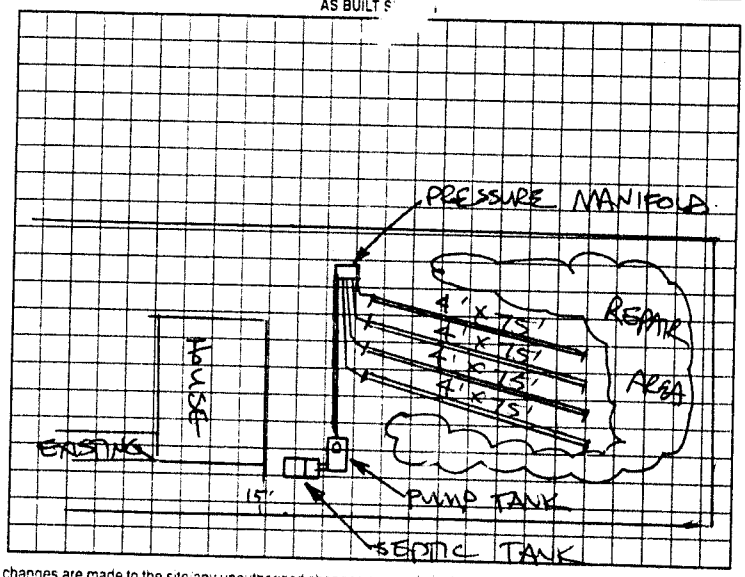
Comments/Conditions: 1) REMOVE TERRACES AND BERMS

Comments/Conditions: (1) SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER (2) PRESSURE CHECK COMPLETED 3-26-02

INITIAL SITE SKETCH 1"=60'



AS BUILT S



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 12/10/01 Installed by PIEDMONT BACKHOE

Improvement Permit by: C. [signature] RS date 12/11/01 Operation Permit by: STEVE HEARICK date 4-1-02

Authorization to Construct by: C. [signature] RS date 12/10/01 Existing System Inspection by: date

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