IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 103092 PIN# 4758 77 9368.10 DATE 12/10/01

OWNER OR CONTRACTOR PETREE STYRON BUILDERS PHONE: Business _____ Home _____

ADDRESS 109 WINDROW LN STATESVILLE NC 28625

LOCATION 21N - TL FAIRMOUNT - TL WINDROW - ~~[illegible]~~ 1ST lot ON LT

SUBDIVISION FAIRMOUNT FIELDS BLOCK / SECTION _____ LOT #1 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/LFT

Septic Tank: 1000 Gallons; STB 1012 Date 9-16-01

Pump Tank: 1000 Gallons; PT 1012 Date 2-26-01

Pump Make: SOLIDS Model WEG3111M Serial No. B0255542

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: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

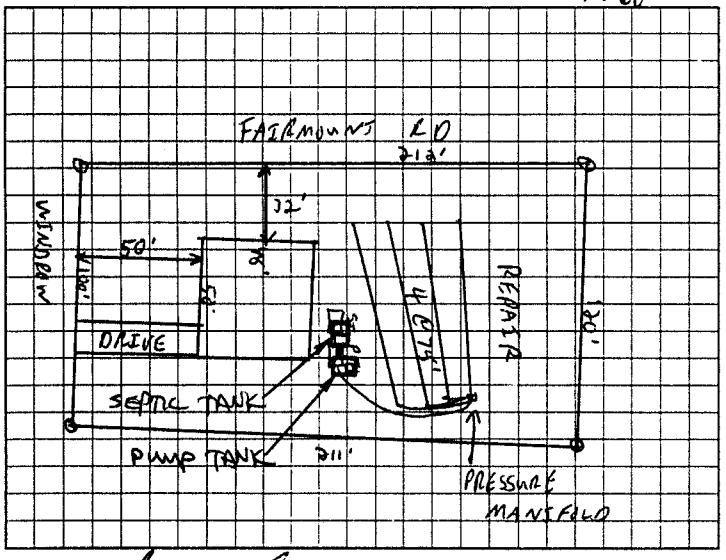
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

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

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 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] MJA date 12/10/01

Improvement Permit by: [signature] ES date 12/10/01

Authorization to Construct by: [signature] ES date 12/10/01

Installed by: PIEDMONT BACKHOE

Operation Permit by: STEVE HEDRICK date 4-3-02

Existing System Inspection by: _____ date _____

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