IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2A) MOORESVILLE 704-664-5281

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

PERMIT# 106099 PIN# 4761-26-4238.13 GARY MOSLEY DATE 05-30-02

OWNER OR CONTRACTOR CHRIS & AMANDA HAGLER PHONE. Business 704-528-9336 Home 704-528-3324

ADDRESS FIELDCREST DR, STATESVILLE NC 28625

LOCATION 70 E, ® BETHESDA ® FIELDCREST, LOT 48 ON LEFT DOWN IN A DRAINAGEWAY

SUBDIVISION FIELDCREST BLOCK / SECTION ____ LOT 48 LOT AREA 1.009 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .125

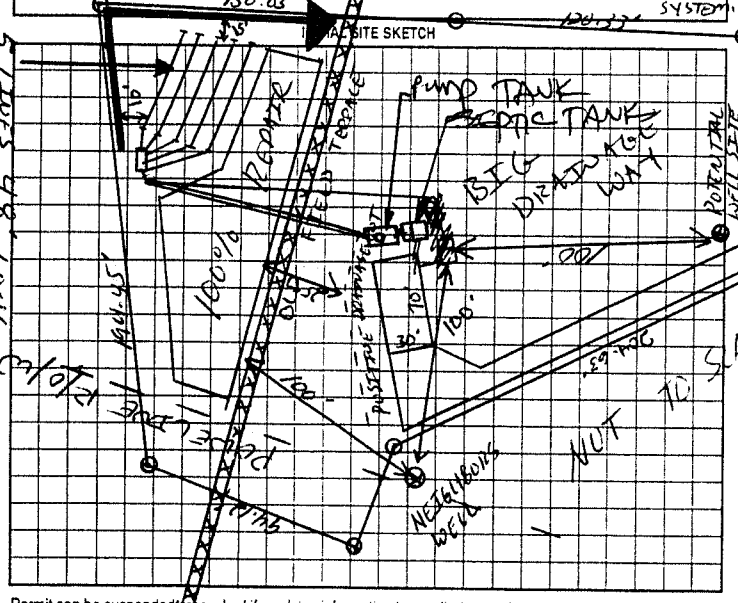
Septic Tank: 1000 Gallons: STB 1012 Date 2.5.02	X New System ☐ Repair System Type: I. II. III. IV. V. VI	☐ House/Mod. Home	No. Bedrooms 3	Water Supply:
Pump Tank: 1000 Gallons: PT 17 Date 4-21-02	System Description: PUMP SOIL/PROLT	X Mobile Home	No. Bathrooms 2	X Individual
Pump Make: MYERS Model ME50S-H Serial No.	Repair System Description: LP PANEL	☐ Business	No. Employees ____	☐ Public
Nitrification Field: No Fields 1 Square Feet 6 @ 440' Linear Feet 240'	Maintenance Agreement Required: ☐ Yes ☐ No	☐ Other ____		☐ Community
No Lines 5 x 48' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 12"	☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing			WELL

Comments:/Conditions: (1) SYSTEM IS FLAGGED OUT ON CONTOUR (2) INSTALL FRENCH DRAIN 48" DEEP, 10' ABOVE SYSTEM & 15' BESIDE (SIDESLOPE) OF SYSTEM.

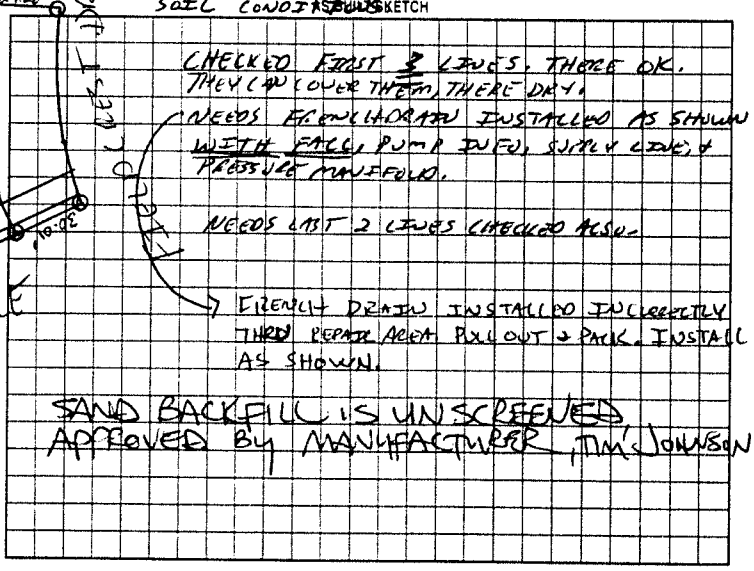
Comments/Conditions: (3) KEEP WELL 100' FEET FROM SYSTEM (4) MAINTAIN SETBACKS (5) CALL PRIOR TO INSTALLATION FOR PUMP INFO (6) USE PRESSURE MANIFOLD

POLYLOK FILTER & MACHINE, INSTALLED DURING WET SOIL CONDITIONS

SITE SKETCH



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: Gary W. Mosley date 5/31/02 installed by CRAIG THOMPSON

Improvement Permit by: [signature] date 05-31-02 Operation Permit by: STEVE HEDRICK date 6.18.02

Authorization to Construct by: [signature] date 05-31-02 Existing System Inspection by: ____ date ____

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