IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81800 PIN# 4762621992 DATE June 29 99

OWNER OR CONTRACTOR Tracy Reed 116 Delmar PHONE: Business Home 873 2751

ADDRESS 116 Delmar Lane Statesville, NC

LOCATION 70E (R) Bethesda (L) Hickory Mill on Left

SUBDIVISION Laurel Grove BLOCK / SECTION LOT 18 LOT AREA 1.07 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date 5-4-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 300
No Lines #@ 75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: 25% Reduction Conv. Fly
Repair System Description: 25% Reduction / Pump
Maintenance Agreement Required: [ ] Yes [X] No

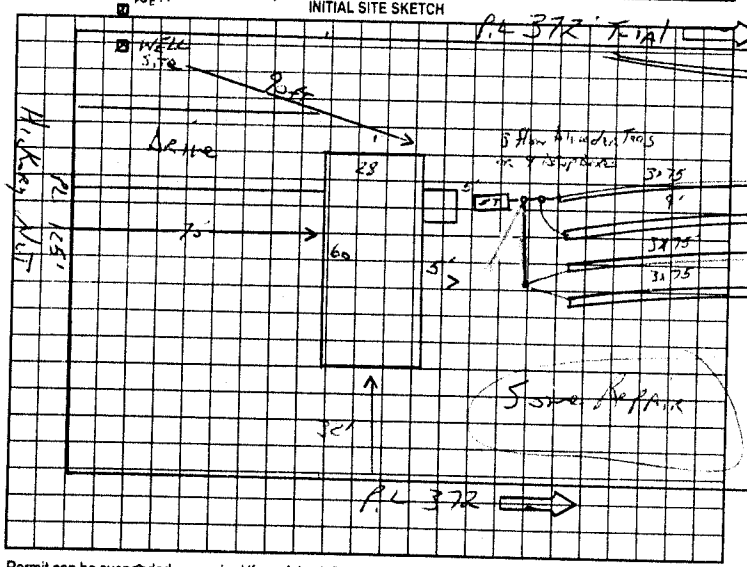
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home D/W No. Bathrooms 2
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

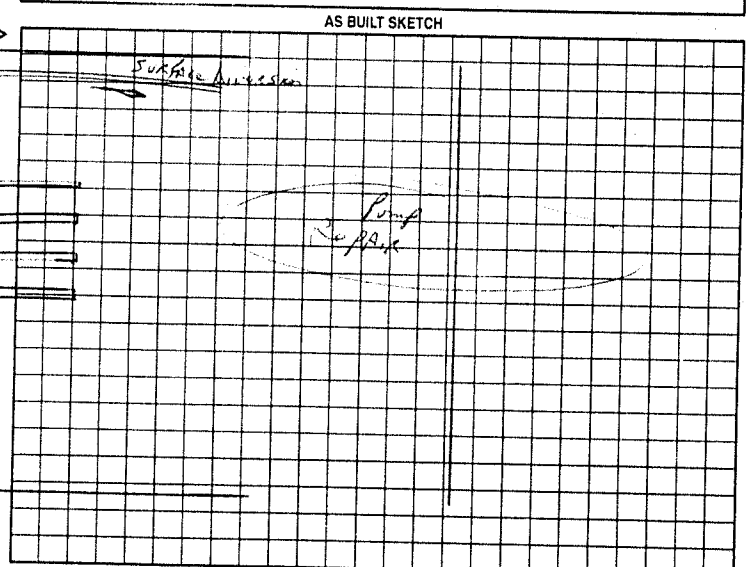
Comments/Conditions: Install Lines on Contour. May use 4 Drop Boxes or 3 Flow divider Tees Surface Diversion Ditch installed Above System To Divert Away From Home & System Use Chambers or 36 HDS Sections

Comments/Conditions: Drop Boxes used

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: Sherry Leslie-Teasley date 6-29-99 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 6-29-99 Operation Permit by: [signature] RS date 7-6-99

Authorization to Construct by: [signature] date 6-29-99 Existing System Inspection by: date

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