IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125674 PIN# 4763-62-0703 DATE 1-10-05

OWNER OR CONTRACTOR RITA CHAPMAN PHONE: Business 704-660-9111 Home 704-657-5317

ADDRESS 157 RED OAK DRIVE, STATESVILLE, NC 28677

LOCATION US 70 EAST, TR BETHESDA ROAD, TL RED OAK DRIVE LOT #84 ON LEFT AT BOX # 157

SUBDIVISION FOREST ACRES BLOCK / SECTION III LOT 84 LOT AREA 0.46 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT2

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~60~~ 300 Linear Feet 50

No Lines ONE Trench Width 24" Max Trench Bottom Depth 36" +/- ~~Gravel~~ Depth SAND 24"

☐ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: 50% REDUCTION, ELEVIM

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No ☐ Other _____

☐ House/Mod. Home ☒ Mobile Home ☐ Business

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

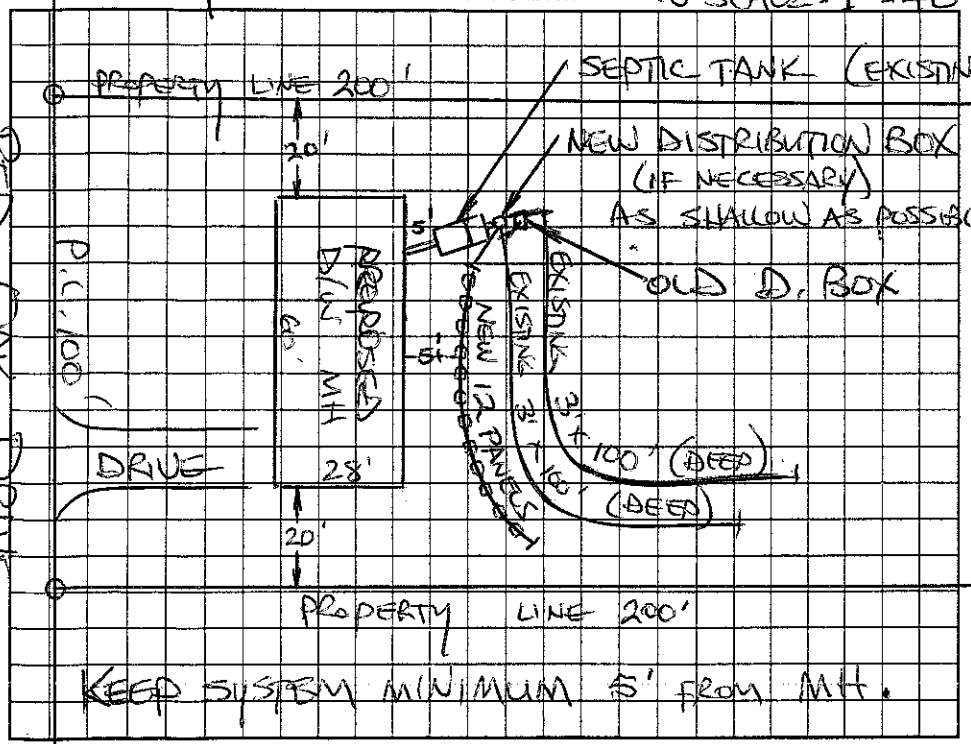
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

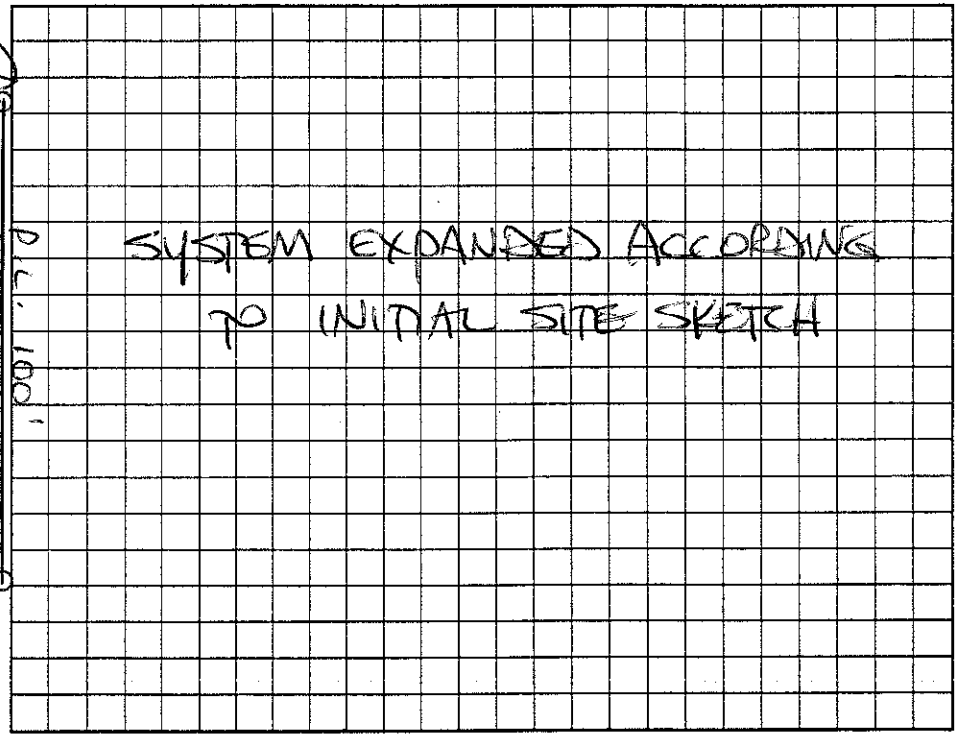
Comments:/Conditions: INSTALL NEW DRAINLINE USING 50% REDUCTION SYSTEM WITH 12 PABPS PANELS AS FLAGGED. INSTALL NEW DISTRIBUTION BOX IF NECESSARY, AS SHALLOW AS POSSIBLE TO MINIMIZE DEPTH.

Comments:/Conditions:

INITIAL SITE SKETCH ~ SCALE: 1"=40'



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: Rita Chapman date 1-10-05 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 1-10-05 Operation Permit by: STEVE HEDRICK date 1-26-05

Authorization to Construct by: STEVE HEDRICK date 1-10-05 Existing System Inspection by: _____ date _____

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