IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138474 PIN# 4766458803 DATE 27 October 06

OWNER OR APPLICANT WANDA MYERS ; The Finishing Touch PHONE: Business 704-929-9358 Home 704-872-0573

ADDRESS 217 S. Trade St. Statesville N.C. 28677

LOCATION N-I 64 E TL Bell Farm Rd. 2 miles on Rt. TR SKYLAND Dr. Prop. on Rt. 182 Skyland Dr.

SUBDIVISION SKYLAND BLOCK / SECTION _____ LOT 14 LOT AREA 0.671 SITE CLASS. PS DESIGN FLOW 360 g/day L.T.A.R. 0.3 g/Ft²/day

Septic Tank: 1000 Gallons; STB 1012 Date 9-25-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 3' Max Trench Bottom Depth 36'

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction - Accepted
Repair System Description: 50% Red.
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees _____
☐ Other _____

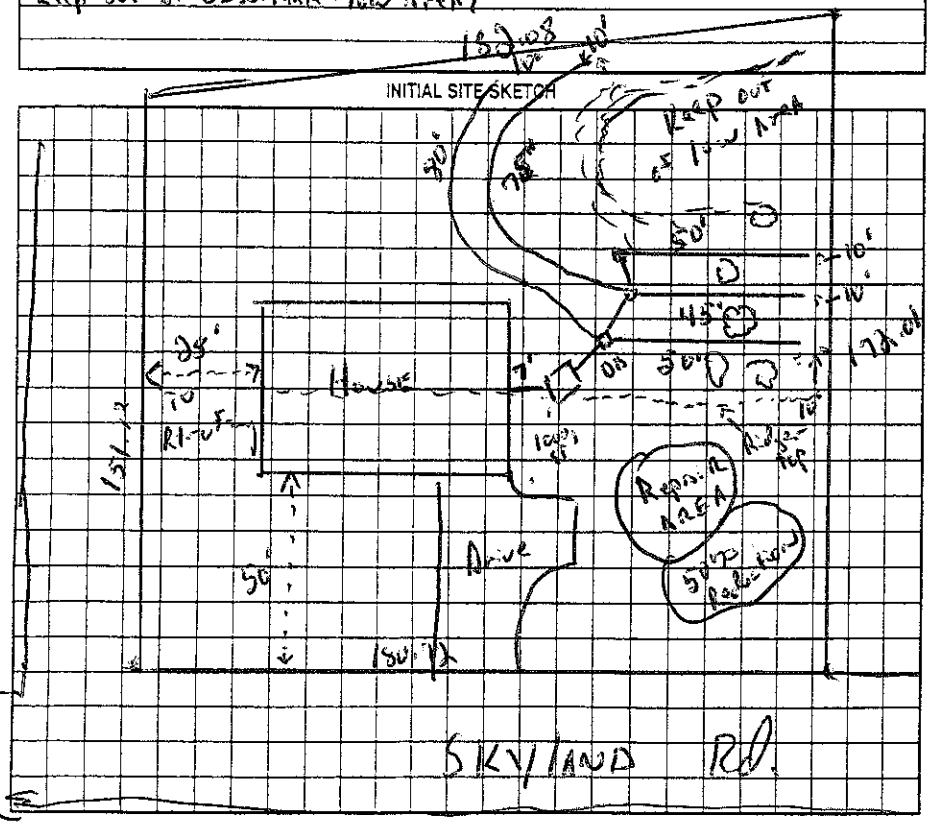
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: USE Drop boxes / Follow contours / Keep out of unsuitable - low area /

Comments:/Conditions: Yellow tank - type Septic tank marker

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: _____ date 10/3

Improvement Permit by: _____, R.S. date 27 Oct. 06

Authorization to Construct by: _____, R.S. date 27 Oct. 06

Installed by: Steve Jordan

Operation Permit by: Kelly Cook date 4-3-07

Existing System Inspection by: _____ date _____

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