IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138472 PIN# 4764 46 8494 DATE 27 October 06

OWNER OR APPLICANT Wanda Myers / The Finishal Touch PHONE: Business 704-929-9358 Home

ADDRESS P.O. Box 7156 Statesville, N.C. 28687

LOCATION 150 Skyland Rd. Statesville, N.C. 28625

SUBDIVISION Skyland BLOCK / SECTION LOT 10 LOT AREA 0.671 Ac. SITE CLASS. PS DESIGN FLOW 0360 gpd L.T.A.R. 0.225 gpd/Ft²

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 1310 Linear Feet 330

No Lines Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Accepted 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees

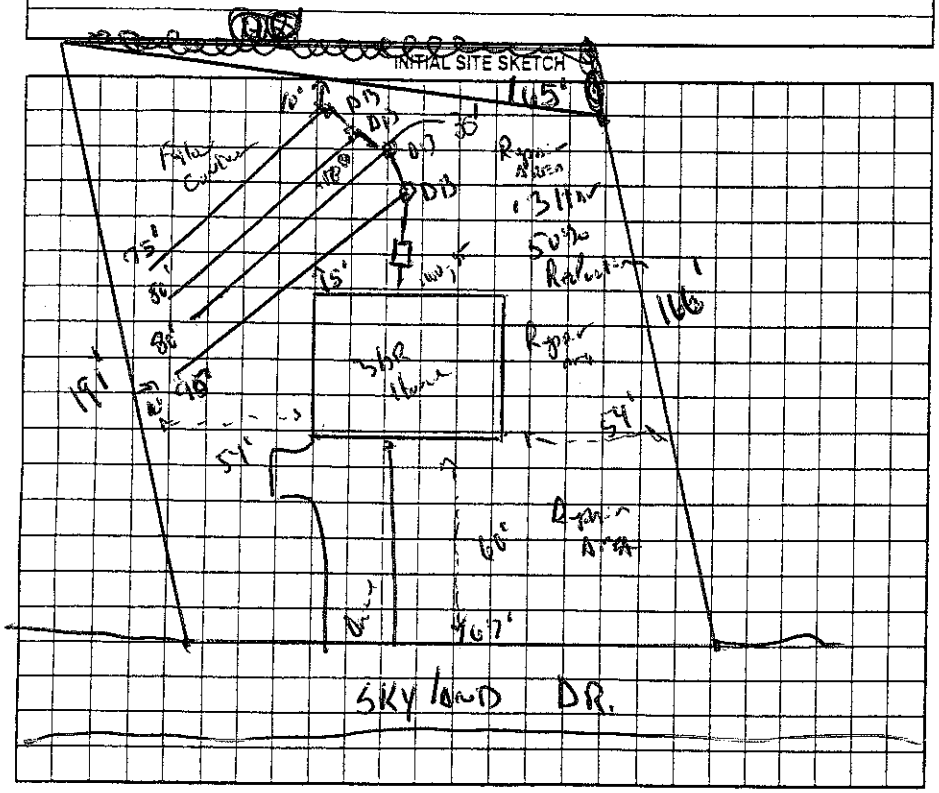
Water Supply: ☐ Individual ☑ Public ☐ Community

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

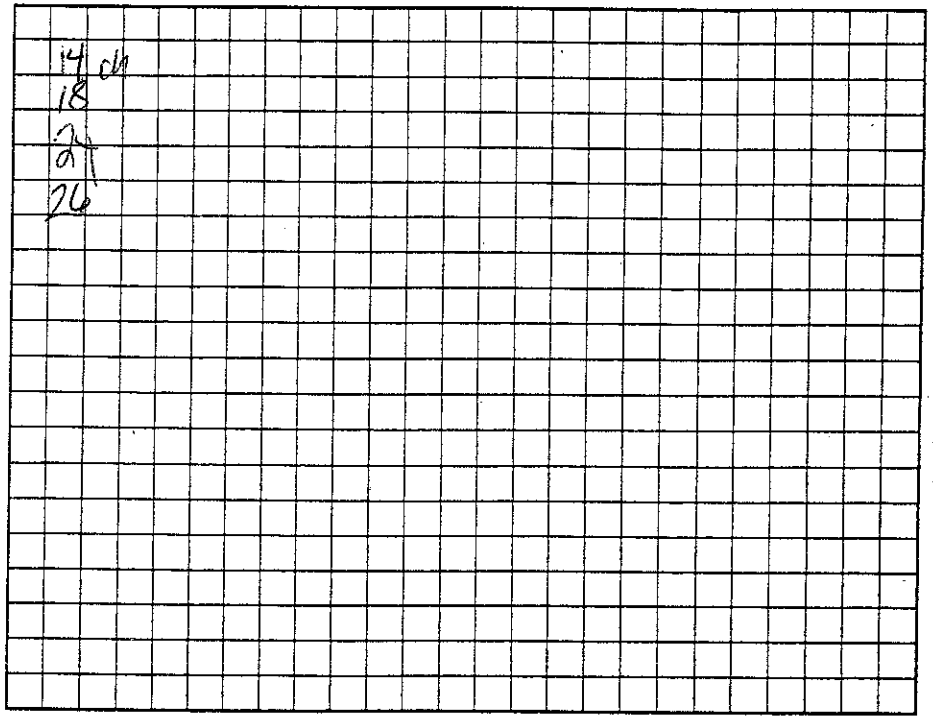
Comments:/Conditions: Follow Contour / USE Drop-Boxes / Do not cut or Fill over system Area

Comments:/Conditions: Yellow Filter ST 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 10/27/06

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: date 4-2-07

Existing System Inspection by: date

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