IREDELL COUNTY HEALTH DEPARTMENT

4764487345

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

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

PERMIT# 122379 PIN# ~~4764-48-2574~~ & 4764-48-0412 DATE 9-7-04

OWNER OR CONTRACTOR RANDALL LOWERY PHONE: Business 704-873-1000 Home 704-872-9431

ADDRESS 3440 EAST BROAD STREET STATESVILLE NC 28677

LOCATION US 64 E, TR BELL FARM RD, TR HOLLY BROOK LANE, 3RD & 4TH LOTS ON RIGHT

SUBDIVISION GREENBERRY PLACE BLOCK / SECTION ____ LOT ~~6~~ 6 & 7 LOT AREA 2.21 ACRES SITE CLASS. PS DESIGN FLOW 480 (GPD) L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-25-05

Pump Tank: 1000 Gallons; PT -17-1000 Date 6-18-05

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1920 Linear Feet 480

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION, PUMP

Repair System Description 50% REDUCTION LOW-'PRESSURE'

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

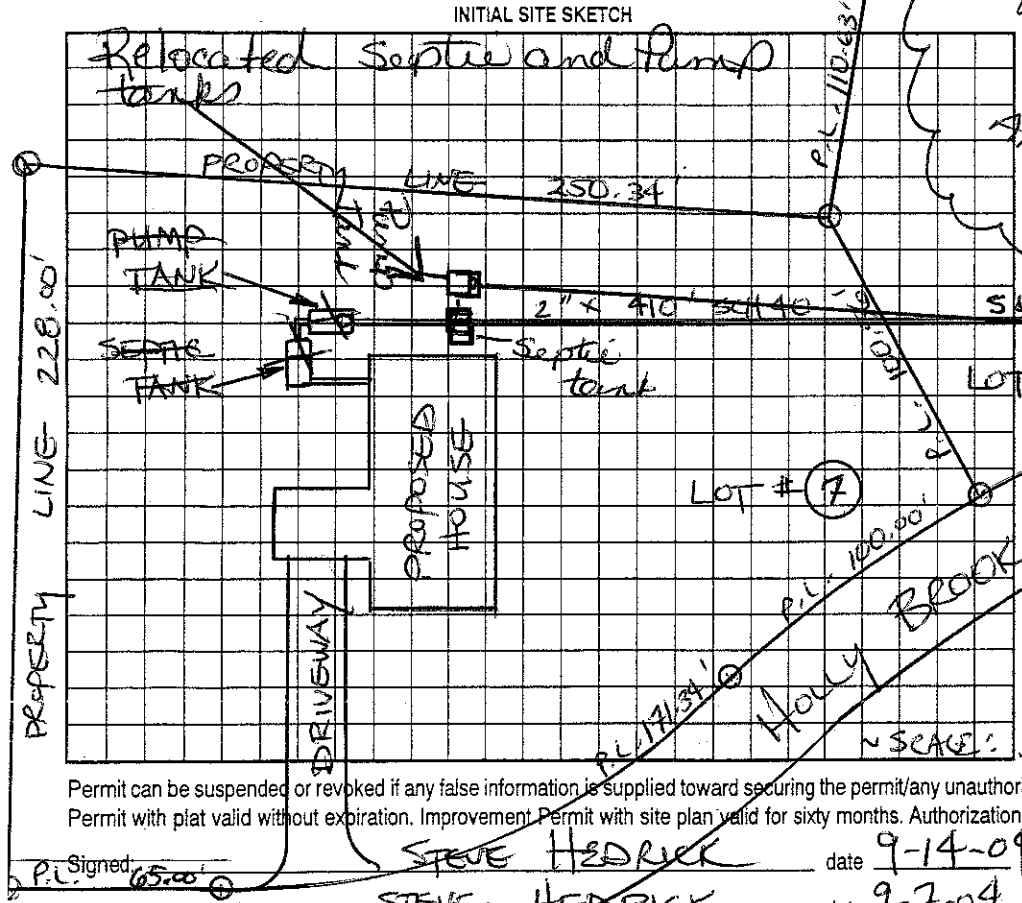
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

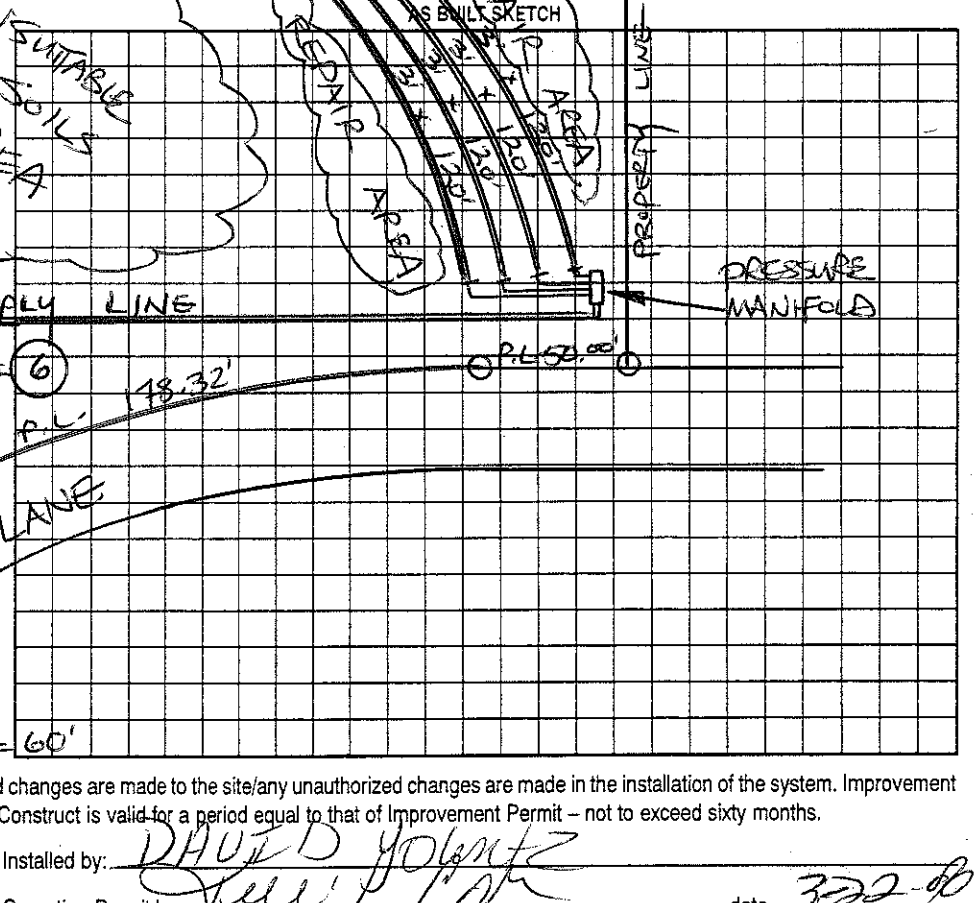
Comments/Conditions: P.L. 253.98'

Yellow tuff tape after backfilled Septic tank marker installed

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: STEVE HEDRICK date 9-14-04 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 9-7-04 Operation Permit by: [signature] date 3-22-05

Authorization to Construct by: [signature] date 9/20/04 Existing System Inspection by: ____ date ____

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