IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116327 PIN# ~~4765-41-4077 // 6027~~ 4765415047 DATE 10-27-03

OWNER OR CONTRACTOR ANN BEAVER SECREST PHONE: Business _____ Home 704-872-5847

ADDRESS 164 HOLLYBROOK LANE, STATESVILLE, NC 28625

LOCATION US 64 EAST, TR BELL FARM ROAD, TR CARTER LANE, 1ST & 2ND LOTS ON RIGHT

SUBDIVISION CARTER MEADOW BLOCK / SECTION _____ LOT 1 & 2 LOT AREA 53,891.46 SF SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.15 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11-28-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Eq. To 2400 Linear Feet 600
No Lines Eight 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, GRAVITY
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

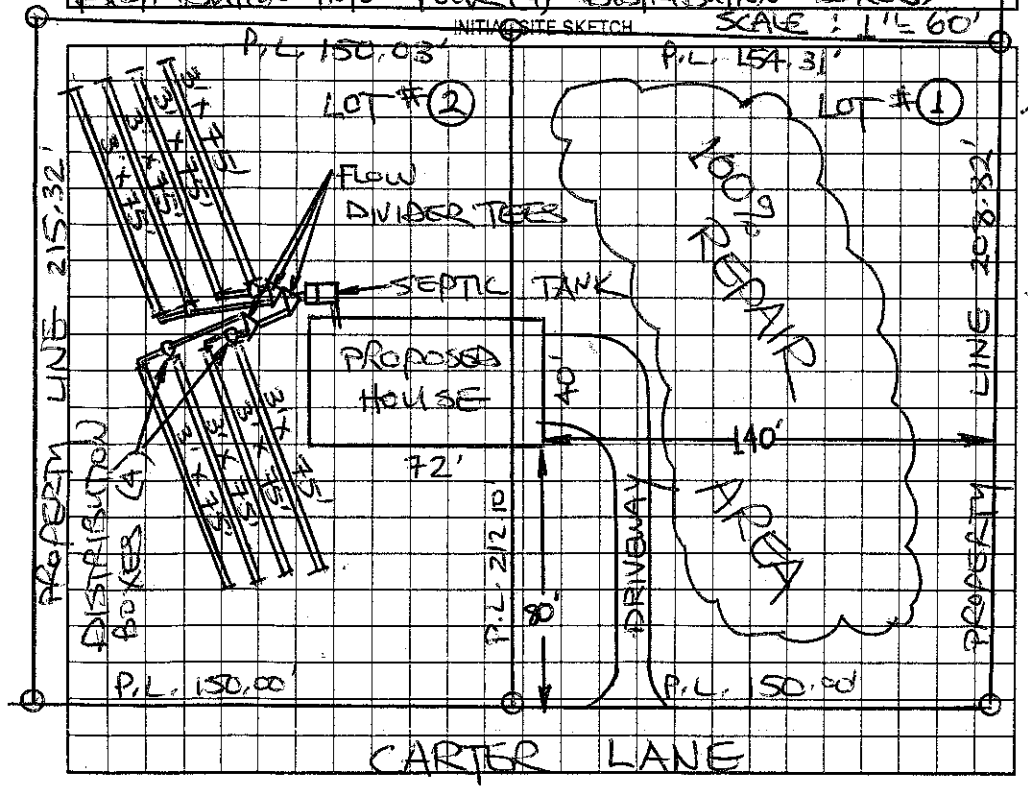
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

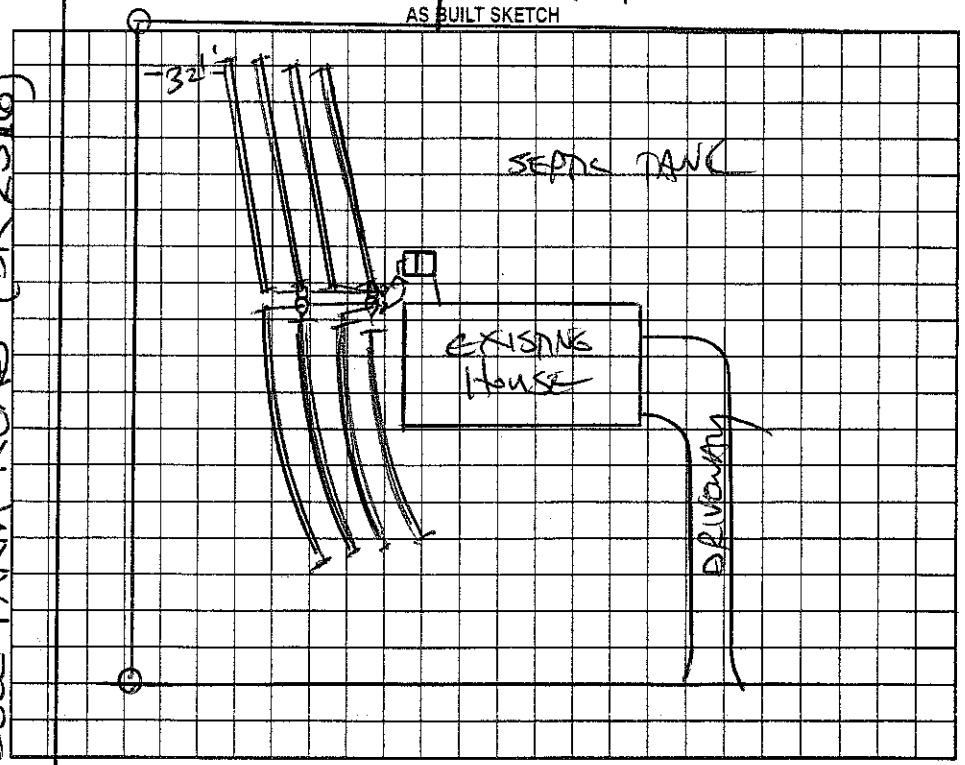
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM IN EIGHT EQUAL LENGTH LINES ON CONTOUR AS SHOWN. USE THREE (3) FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR (4) DISTRIBUTION BOXES.

Comments:/Conditions (1) SYSTEM ALTERED AS SHOWN BELOW WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL
(2) SEPTIC TANK WITH MARKER INSTALLED USING RED "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 60'



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: Ann B. Secrest date 10/29/03 Installed by: LARRY BEAM

Improvement Permit by: STEVE HEDRICK date 10-27-03 Operation Permit by: STEVE HEDRICK date 5-3-06

Authorization to Construct by: _____ 10-5-05 Existing System Inspection by: _____ date _____

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