IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123859 (PART 1) PIN# 4765-93-6092 DATE 9-17-04

OWNER OR CONTRACTOR KENNETH & REDA E. TAYLOR PHONE: Business 704-872-0922 Home

ADDRESS 118 LONE PINE ROAD, STATESVILLE, NC 28625

LOCATION US64 EAST, TR LONE PINE ROAD, ON RIGHT BEHIND BOX #118

SUBDIVISION BLOCK/SECTION #114 ~~UNIT #114~~ LOT AREA 1.24 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 1007 Date 11-25-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet EQ. TO 1440 Linear Feet 360
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), V, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

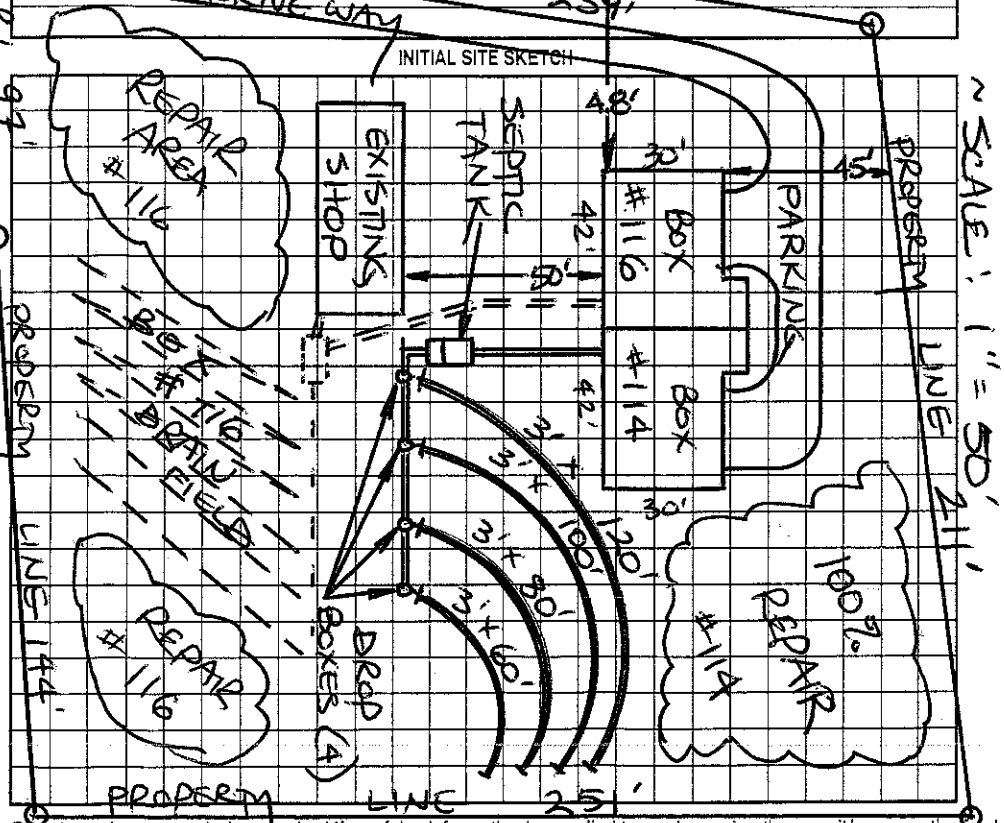
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ½ DUPLEX
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM AS FLAGGED.

Comments/Conditions: STUB-OUT PLUMBING AS SHALLOW AS POSSIBLE IN ORDER TO ACCOMMODATE 36" TRENCH DEPTH (OTHERWISE, PUMP SHALL BE REQUIRED)

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 12/14/04 Installed by: TOMMY COPPEEN

Improvement Permit by: STEVE HEDRICK date 9-17-04 Operation Permit by: STEVE HEDRICK date 1-24-05

Authorization to Construct by: STEVE HEDRICK date 9-17-04 Existing System Inspection by: _____ date _____

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