PAID $130.00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 112730 PIN# 4766-74-0356 CELL# DATE 5-30-03

OWNER OR CONTRACTOR JODY MARTIN PHONE: Business 704-657-6356 Home

ADDRESS 611 BRISTOL DR. STATESVILLE, NC 28677

LOCATION 64 EAST (E) RIVERHILL RD, (L) CHESTNUT GROVE, (R) 2ND 7 SPRINGS LOOP, LOT # 44 ON RT

SUBDIVISION 7 SPRINGS BLOCK / SECTION I LOT 44 LOT AREA .9137 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 10-25-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 300

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet ~~400'~~

No Lines 3 X 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(X) New System ( ) Repair System Type: I, II, III, IV, V, VI

System Description: GRAV ~~CONV~~ 25% REDUCT

Repair System Description: GRAV 25% REDUCT

Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 3

( ) Business No. Employees ____

( ) Other ____

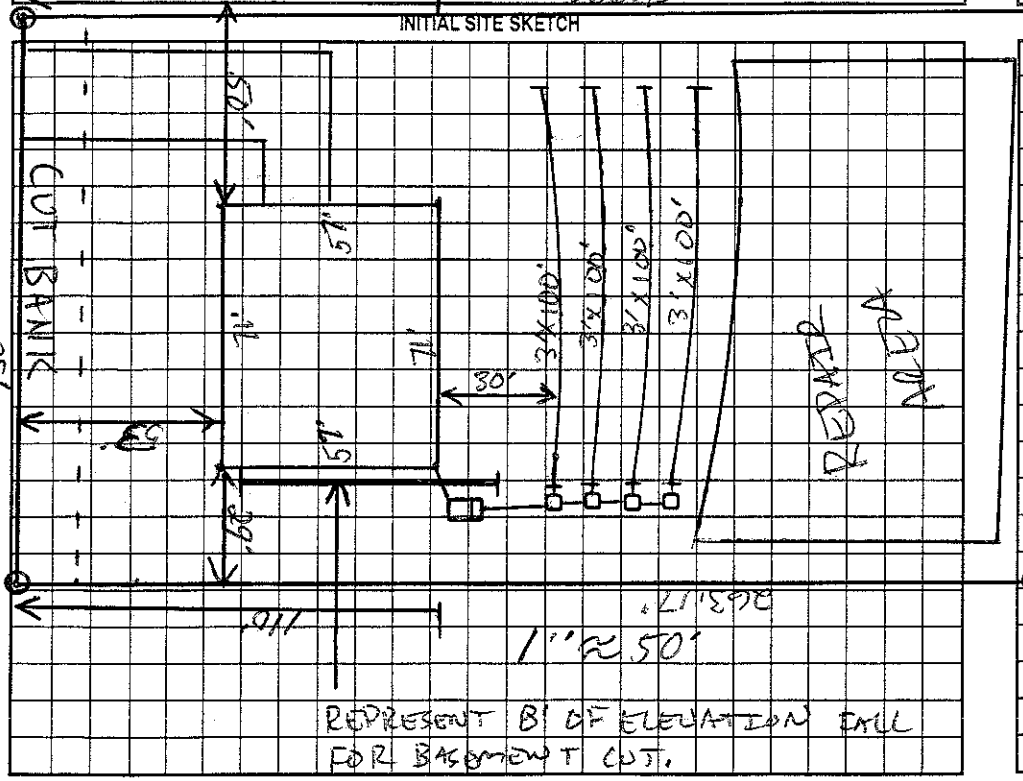
( ) Slab ( ) Crawl Space (X) Basement w/plumbing ( ) Basement wo/plumbing

Water Supply: ( ) Individual (X) Public ( ) Community

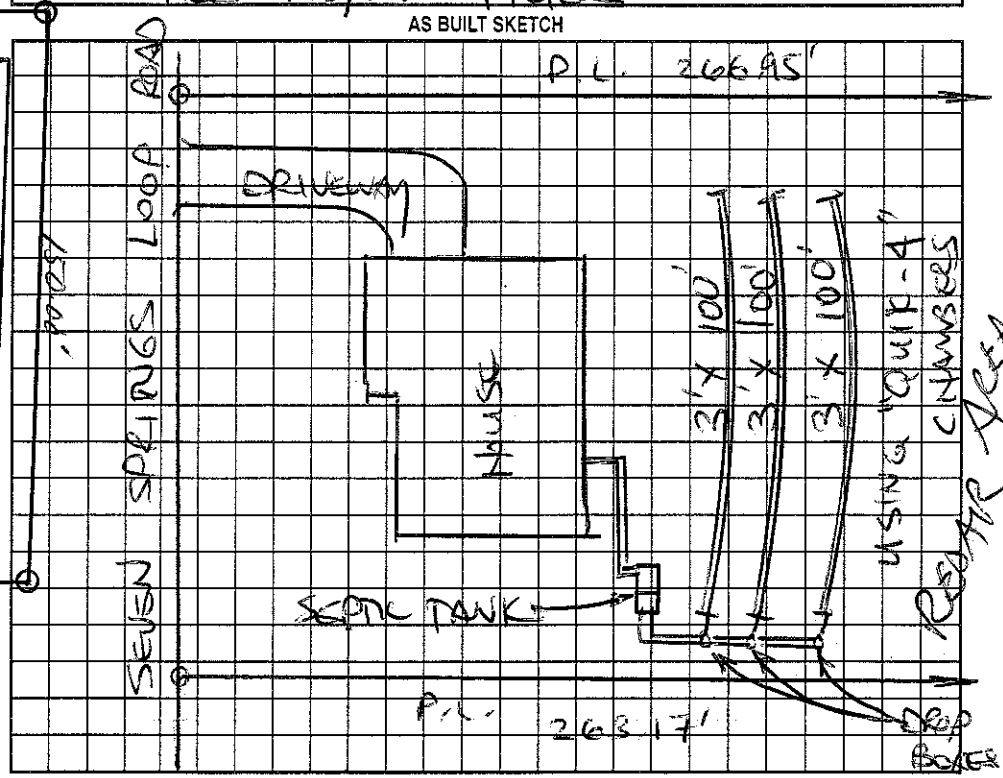
Comments:/Conditions: (1) DO NOT CUT EXCESSIVELY (> 8') OR GRAVITY SYSTEM MAY NOT BE ACHIEVED (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS

Comments:/Conditions: (4) SYSTEM & HOUSE IS FLAGGED. MAINTAIN GRAVITY FALL TO FIRST LINE WHEN DIGGING BASEMENT. (5) SEPTIC TANK WITH MARKER INSTALLED USING RED "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



1 SPRING LOOP

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: Jody S Martin 6/5/03 date ____

Improvement Permit by: ____ date 5-30-03

Authorization to Construct by: ____ date 5-30-03

Installed by: AMELL EXCAVATING

Operation Permit by: STEVE HENDRICK date 1-27-05

Existing System Inspection by: ____ date ____

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