IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105106 PIN# 4766-74-0861 DATE 03-19-02

OWNER OR CONTRACTOR LOU EARNHARDT PHONE: Business 704-902-8978 Home

ADDRESS 135 BIG OAK LANE STATESVILLE NC 28625

LOCATION HWY 64 E, (L) OLD MOCKSVILLE, (R) CHESTNUT, (R) 1ST SPRINGS FORREST LOOP ON RIGHT

SUBDIVISION 7 SPRINGS BLOCK / SECTION LOT 47 LOT AREA .87 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-23-02

Pump Tank: 1000 Gallons; PT 17 Date 8-11-02

Pump Make: GOULDS Model WE0511HS Serial No 14033955

Nitrification Field: No Fields 1 Square Feet EQ 1200 Linear Feet 300'

No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP 25% REDUCTION

Repair System Description: LP 25% REDUCTION

Maintenance Agreement Required: ☐ Yes X No

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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

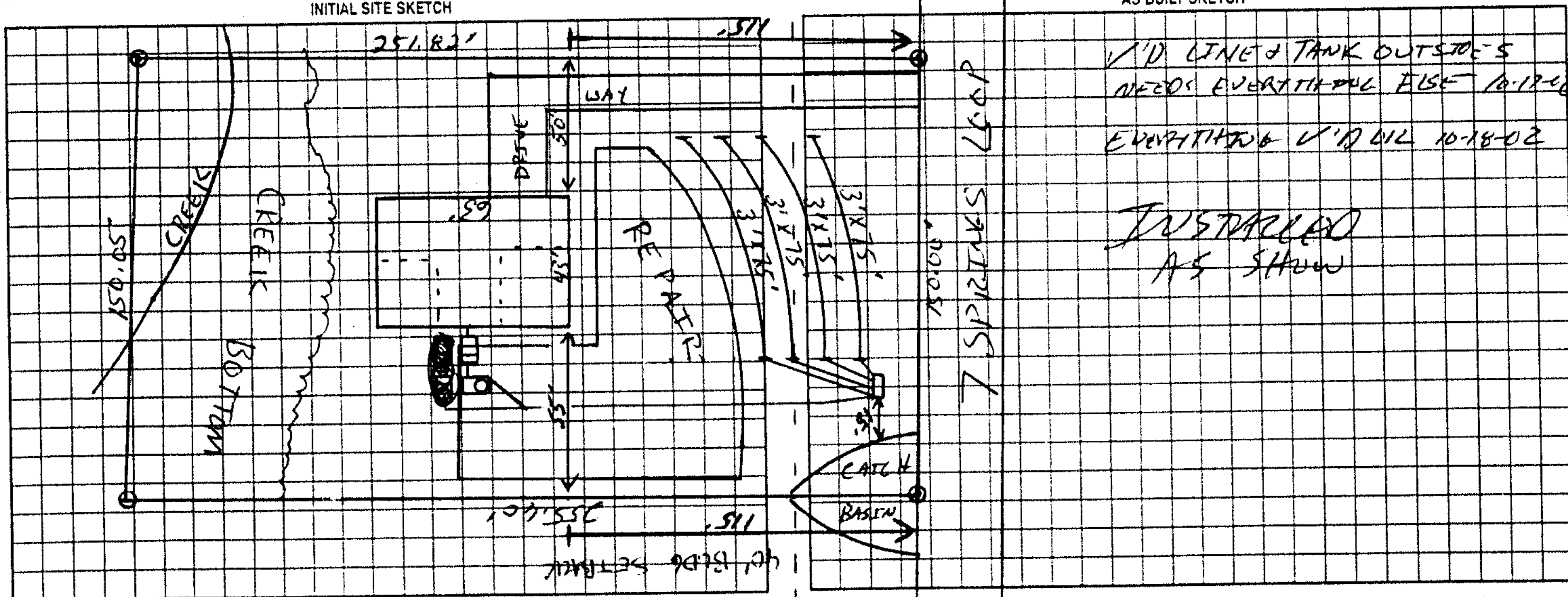
Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: (1) CALL PRIOR TO INSTALLATION FOR FLAGOUT & PUMP SIZING, (2) MAINTAIN SETBACKS (3) USE PRESSURE MANIFOLD

Comments/Conditions: TUFFTITE FILTERS & RISERS

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: Lou Ann Earnhardt date 4/5/02 Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] RS date 03-19-02 Operation Permit by: [signature] RS date 10-18-02

Authorization to Construct by: [signature] date 03-19-02 Existing System Inspection by: date

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