IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118276 PIN# 4767-18-3340 4632 DATE 3-9-04

OWNER OR CONTRACTOR SCOTT LOWRY PHONE: Business 704-872-5988 Home 704-871-7299

ADDRESS 140 N. GREENBRIAR RD, STATESVILLE NC 28677

LOCATION US 21 NORTH, TR DUNLAP GATE ROAD, DRIVE ON LEFT 0.6mi, 0.5 MILE BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.5819 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.50 GPD/FT²

Septic Tank: 1500 Gallons; STB 10/2 Date 3-12-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

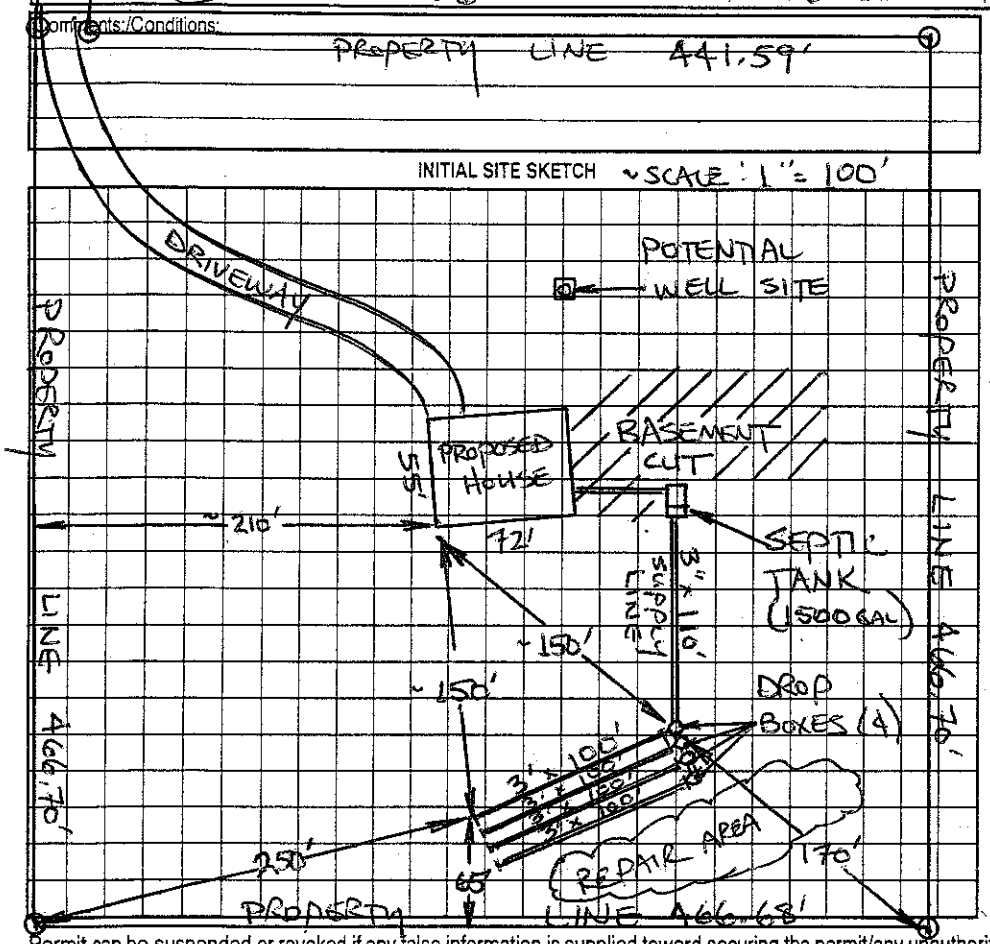
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other W/ BONUS ROOM
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments:/Conditions:
PROPERTY LINE 441.59'

Comments:/Conditions:
Yellow Tuf-Tite Filter
S/T marker
No risers

INITIAL SITE SKETCH ~ SCALE: 1" = 100'



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: Amy H. Young date 3-10-04
Improvement Permit by: STEVE HEDRICK date 3-9-04
Authorization to Construct by: STEVE HEDRICK date 3-9-04

Installed by: Craig Thompson
Operation Permit by: _____ date 9/11/06
Existing System Inspection by: _____ date _____

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