THIS PERMIT REPLACES EXPIRED PERMIT #083464

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144675 PIN# 4772-78-9522 DATE 8-21-07

OWNER OR APPLICANT STATESVILLE HOUSING CENTER, INC PHONE: Business 704-924-9393 Home

ADDRESS 115 MORELAND ROAD STATESVILLE NC 28677

LOCATION US 70 EAST, TR KNOX FARM ROAD, TR SAGE LANE, TL THYME LANE 5TH LOT ON RIGHT

SUBDIVISION CRESTFIELD BLOCK / SECTION III LOT 30 LOT AREA 0.4893 ACRE SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-1-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines Four Trench Width 36" Max Trench Bottom Depth 36"

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

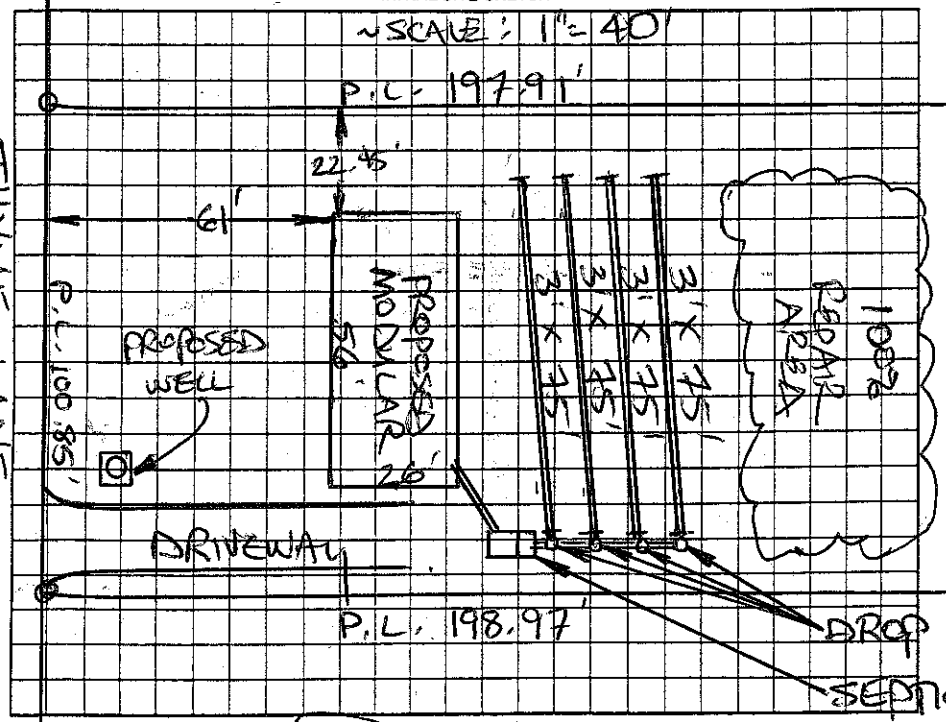
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

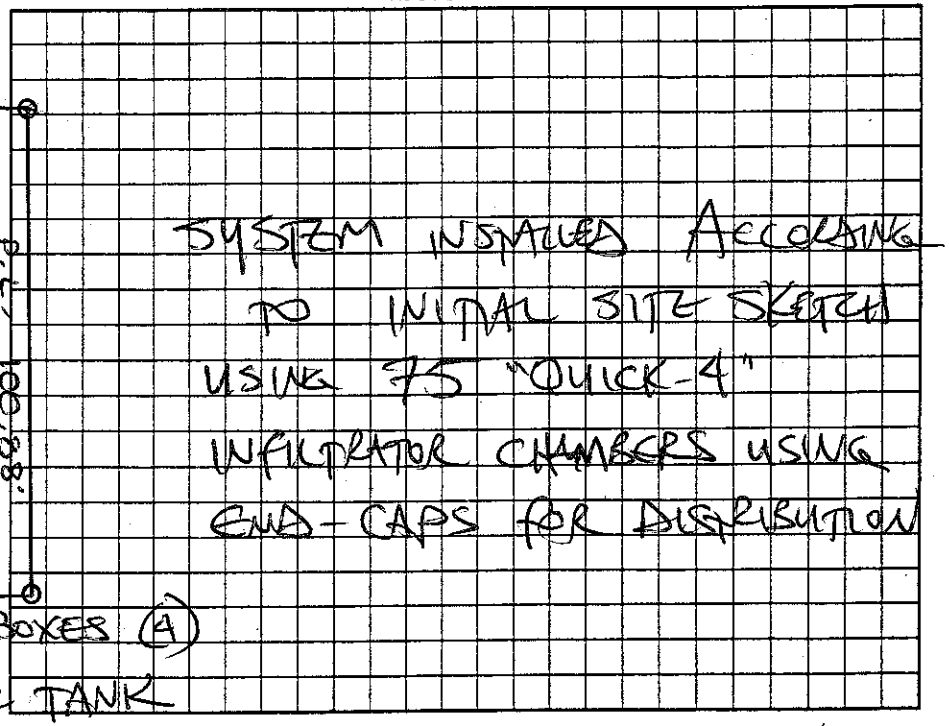
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

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: ____ date 8/21/07 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HENDRICK date 8-21-07 Operation Permit by: STEVE HENDRICK date 8-27-07

Authorization to Construct by: STEVE HENDRICK date 8-21-07 Existing System Inspection by: ____ date ____

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