142357

THIS PERMIT VOIDS PREVIOUS ISSUED 1-22-2009

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~142358~~ PIN# 4774-09-~~2556.002~~ 4339 DATE 5-19-07

OWNER OR APPLICANT BILLY SCOTT PHONE: Business % 704-400-8315 Home 828-310-1968

ADDRESS 5059 PEBBLE STONE ROAD MAIDEN, NC 28650

LOCATION US 64 EAST, TR NEW SALEM ROAD, TR POTTERY DRIVE, LOT ON RIGHT AT END of R-O-W

SUBDIVISION STOVALL BLOCK / SECTION ____ LOT ____ LOT AREA ~1 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.20 GPD/FT2

Septic Tank: 1000 Gallons; STB 825 Date 6-3-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet EQ TO 1200 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ 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 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

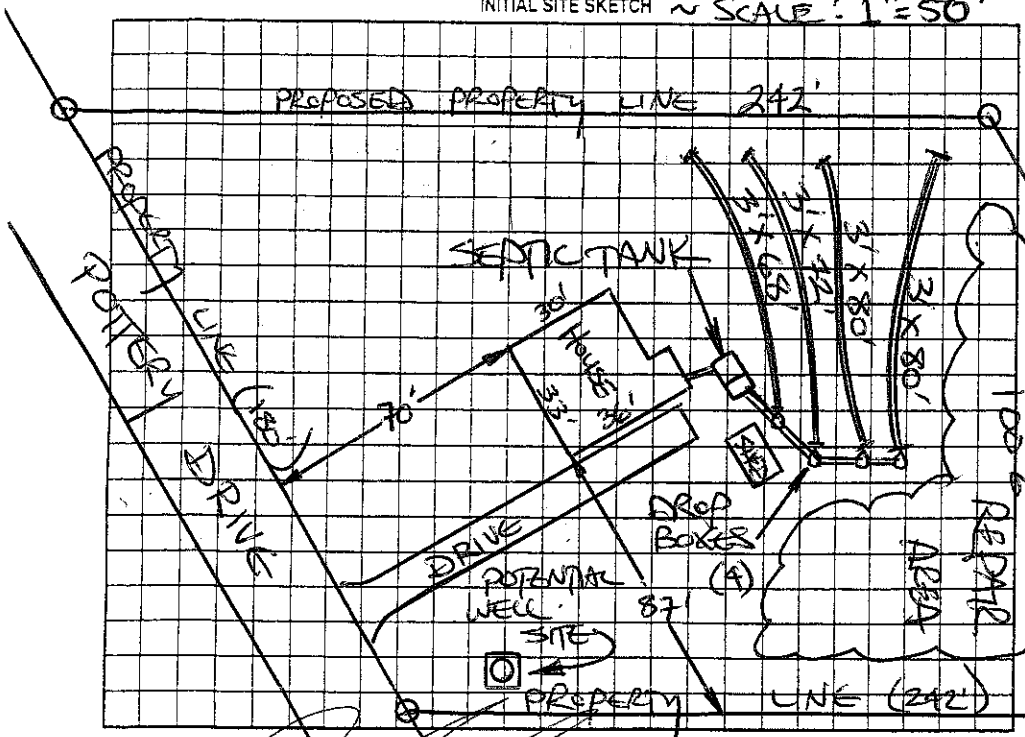
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

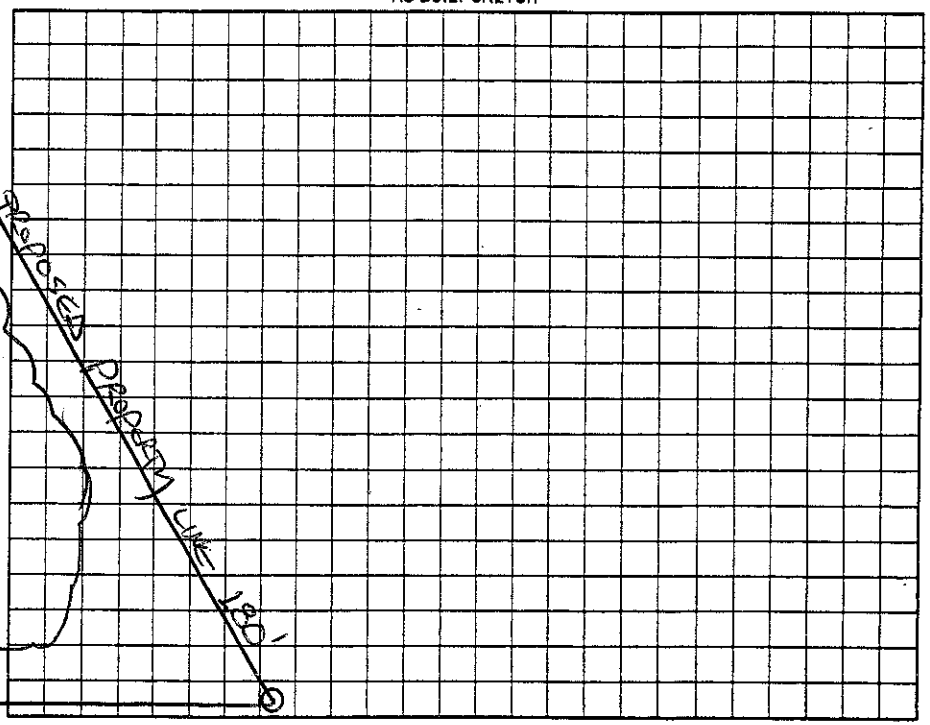
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED KEEP SYSTEM MINIMUM 100' FROM WELL SITE

Comments:/Conditions: Blue Filter 300'

INITIAL SITE SKETCH ~ SCALE: 1"=50'



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 5/25/07 Installed by: GOODWIN SEPTIC

Improvement Permit by: STEVE HEDRICK date 5-19-07 Operation Permit by: ____ date 7-17-07

Authorization to Construct by: STEVE HEDRICK date 5-19-07 Existing System Inspection by: ____ date ____

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