IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089772 PIN# 4775-00-8985 DATE June 15, 00

OWNER OR CONTRACTOR Petree Styron Builders PHONE: Business 873-5083 Home

ADDRESS 2639 Flves Creek Rd. Statesville 28625

LOCATION Hwy 64 E TR New Salem Rd TR Lynngail Ln TL Verna Ln on Right

SUBDIVISION Campbell Glen BLOCK / SECTION LOT 28 LOT AREA .73 SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-21-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Grav/pumped conv.
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

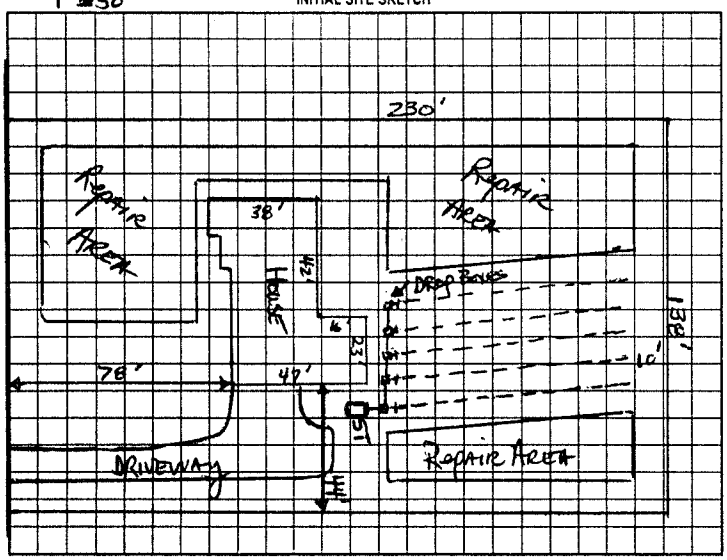
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

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* Note told waterline trencher Not to run line thru Front yard repair area - line needs to be 10 ft from any part

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

* Installed as shown

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

Improvement Permit by: RS date 6-15-00

Authorization to Construct by: RS date 6-15-00

Installed by: Steve Jordon

Operation Permit by: Mark C Oaks RS date 10-17-00

Existing System Inspection by: date

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