IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 8.29-2001

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

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

PERMIT# 123910 PIN# ~~4775-04-3717~~ 4775-04-3898 DATE 9-22-04

OWNER OR CONTRACTOR JOSEPH COGNEY PHONE: Business 704-902-0799 Home 704-872-3625

ADDRESS 1409 BROOKGREEN AVE, STATESVILLE NC 28677

LOCATION US 64 EAST, TL SAIN ROAD, TL WINDING BROOK WAY, AT END ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 27 & 28 LOT AREA 2.26 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1011 Date 10-22-04
Pump Tank: 1000 Gallons; PT 17 Date 2-4-05
Pump Make: GOULDS Model WE03,2HM Serial No. A054998
Nitrification Field: No. Fields 1 Square Feet 1380 Linear Feet 345
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, PUMP
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

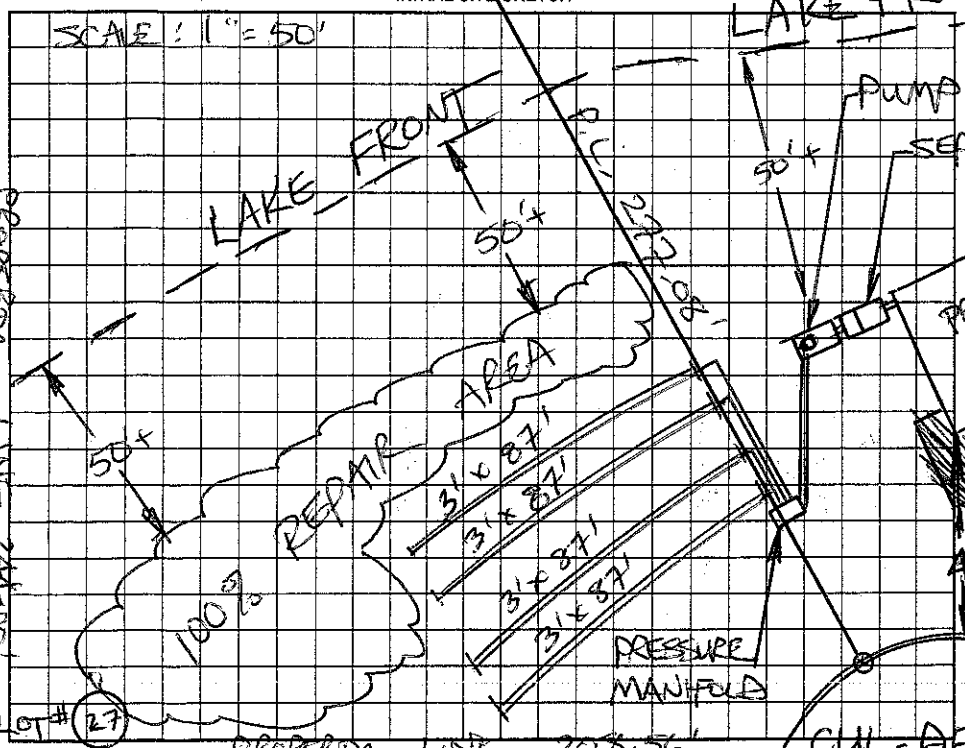
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

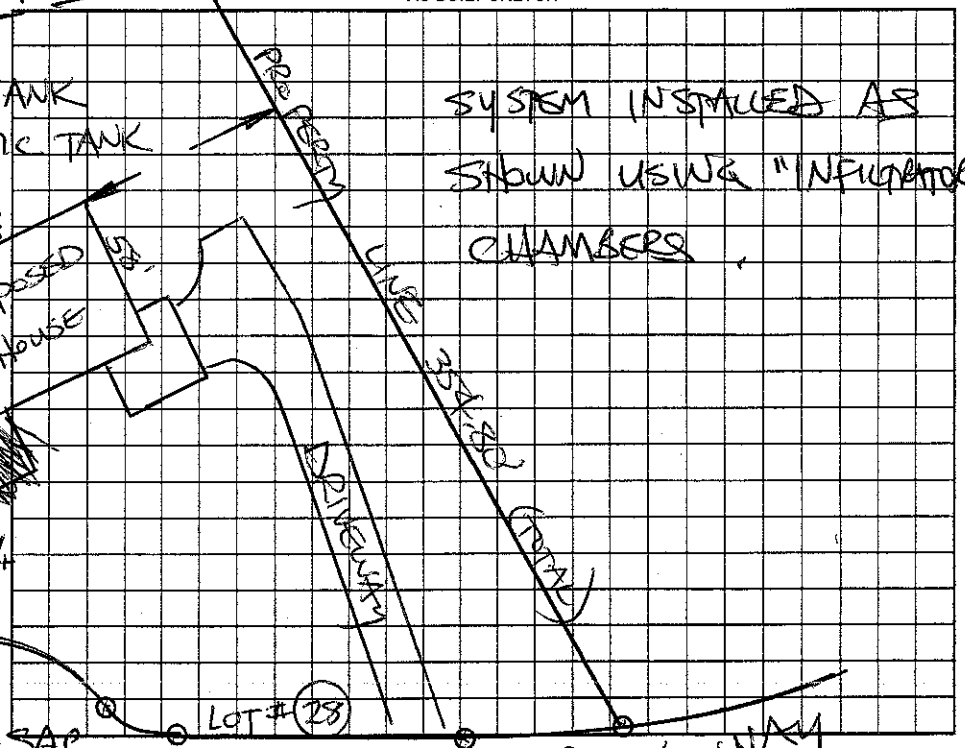
Comments/Conditions: (1) INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED (2) SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

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

INITIAL SITE SKETCH



AS BUILT SKETCH



SYSTEM INSTALLED AS SHOWN USING "INFILTRATOR" CHAMBERS.

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 six months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 9/22/04 Installed by: DANA YOUNG

Improvement Permit by: STEVE HEDRICK date 9-22-04 Operation Permit by: STEVE HEDRICK date 6-29-05

Authorization to Construct by: STEVE HEDRICK date 9-22-04 Existing System Inspection by: ____ date ____

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