IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 6-16-2004

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

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

PERMIT# 121204 PIN# 4775-05-0198 DATE 8-18-2005

OWNER OR CONTRACTOR DARIO ARDITO PHONE: Business 704-682-0380 Home 704-838-1249

ADDRESS 152 SEVEN SPRINGS LOOP, STATESVILLE NC 28625

LOCATION US 64 E, TL SAIN ROAD, TL WINDING BROOK WAY, LOT AT END STRAIGHT AHEAD

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 26 LOT AREA 3.049 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 8-22-05

Pump Tank: 1000 Gallons; PT 283 Date 8-30-05

Pump Make: GOULDS Model WE0512H Serial No. H0519919

Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: 50% REDUCTION PUMP

Repair System Description: 50% REDUCTION LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

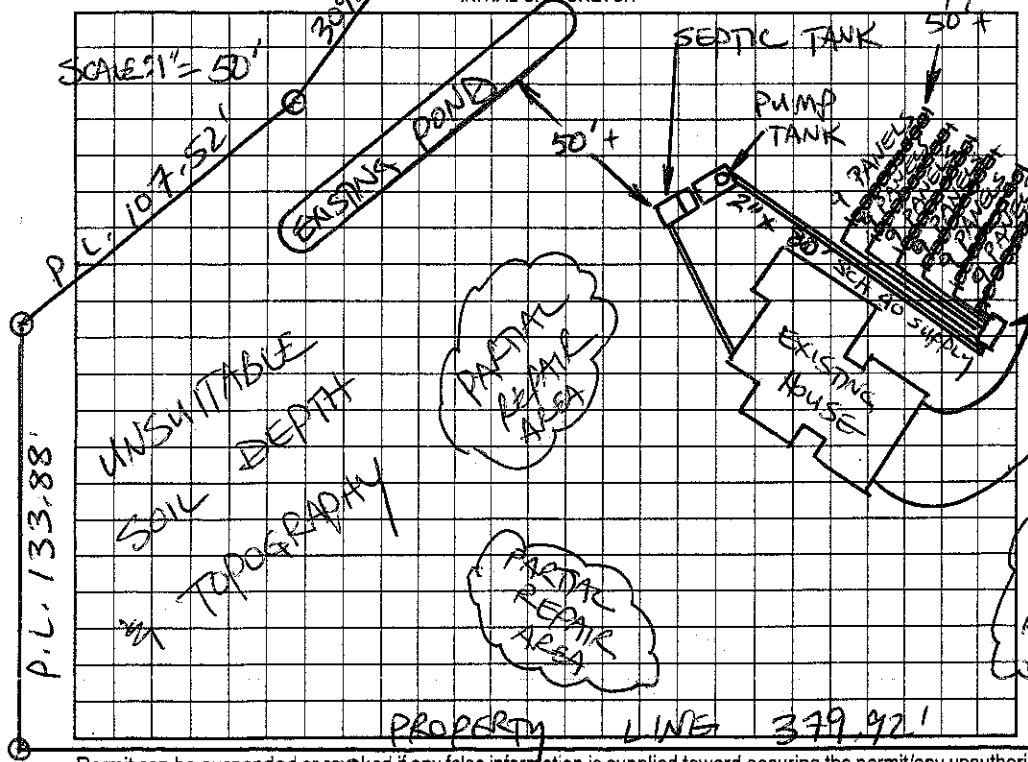
No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

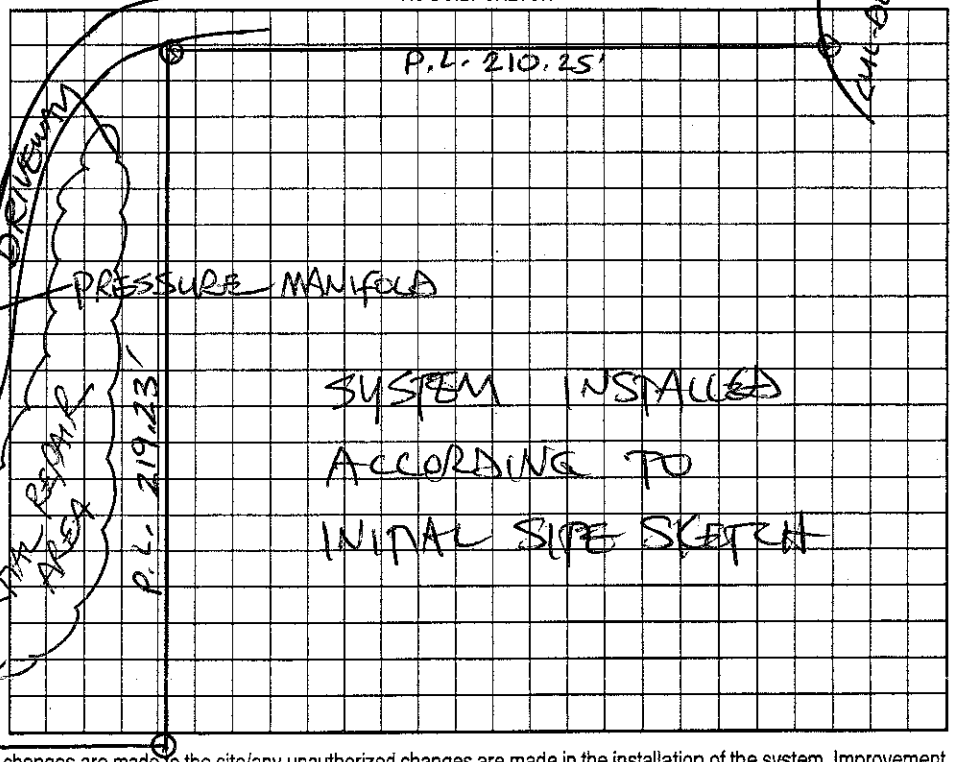
Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 54 PPBPS PANELS ON CONTOUR ② NO FILL DIRT ALLOWED OVER DRAINFIELD ③ SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: SEPTIC TANK WITH RED "POLYLOK" FILTER INSTALLED USING RISERS & MARKER

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: [signature] date 8/24/05 Installed by: GARRY BEAM

Improvement Permit by: STEVE HEDRICK date 8-18-05 Operation Permit by: STEVE HEDRICK date 11-29-05

Authorization to Construct by: STEVE HEDRICK date 8-18-05 Existing System Inspection by: ____ date ____

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