IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 6-7-2004

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

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

PERMIT# 12011 PIN# 4775-46-5587 DATE 7-15-05

OWNER OR CONTRACTOR MATTHEW McPHERSON PHONE: Business 704-872-6797 Home 704-871-7707

ADDRESS 313 AUGUSTA DRIVE, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL SAIN RD, TR FOX CHASE RD, TR NOTTINGHAM CIRCLE 0.4 MI. ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 16.6838 ACRES SITE CLASS. PS' DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: ~~1000~~ 1500 Gallons; STB 1011 Date 7-16-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

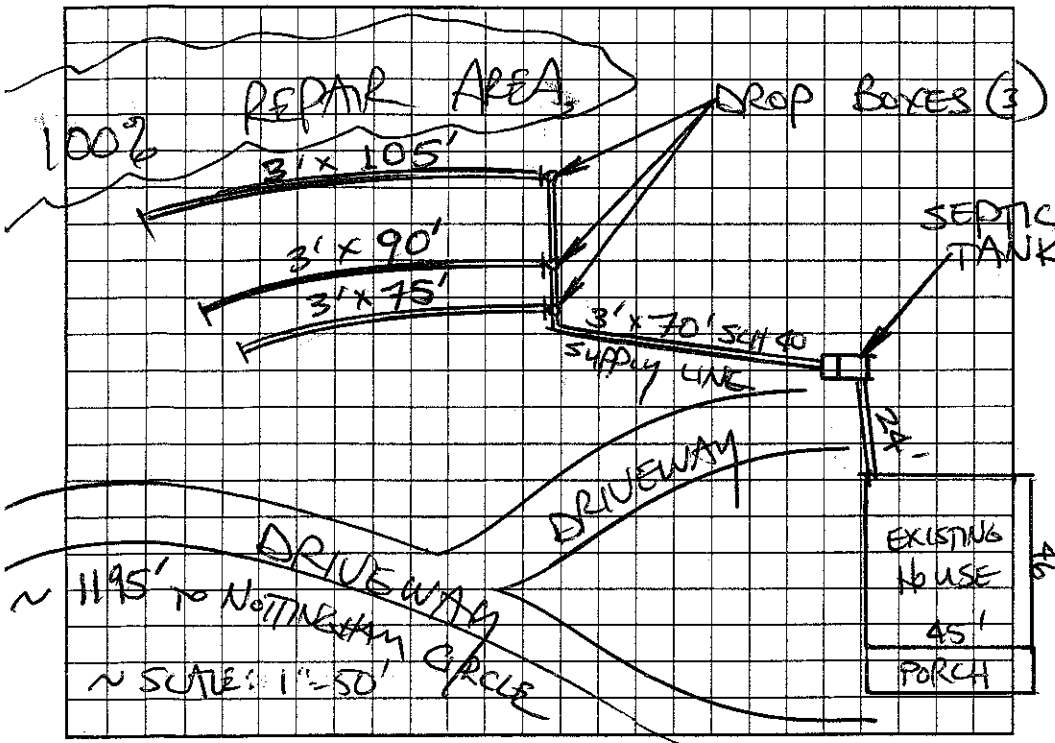
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: 1500 GALLON SEPTIC TANK INSTALLED (AT OWNERS REQUEST) USING THIRTY-FILTER WITH SEPTIC MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED USING 67 "QUICK-4" INFILTRATOR CHAMBERS 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: [signature] 7-15-05 date _____ Installed by: FOREST STAFFORD

Improvement Permit by: STEVE HEDRICK date 7-15-05 Operation Permit by: STEVE HEDRICK date 9-8-05

Authorization to Construct by: STEVE HEDRICK date 7-15-05 Existing System Inspection by: _____ date _____

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