IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080556 PIN# 4778 17 8517 DATE 4-15-99

OWNER OR CONTRACTOR RUBY SMYRE PHONE: Business 878-9595 Home [redacted]

ADDRESS 1090 OSTRICH LANE, CLEVELAND, NC 27013

LOCATION US 21 N, TR CHIEF THOMAS, TR HARMONY BLEND, 4TH LOT ON RIGHT

SUBDIVISION EASTERN ACRES BLOCK / SECTION ____ LOT 4 LOT AREA 1.14 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 3-13-99
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 50, TO 1200 Linear Feet 300+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

✓ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: PPBPS GRAVITY
Maintenance Agreement Required: ☐ Yes ✓ No

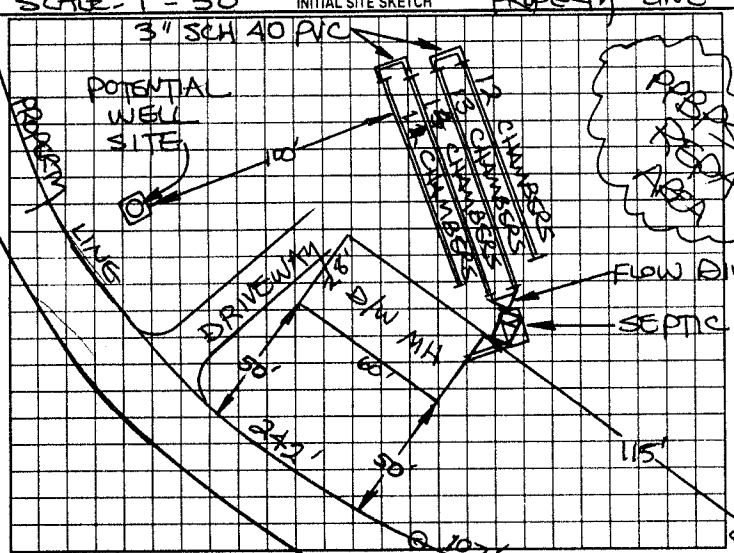
✓ House/Mod. Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community
WELL

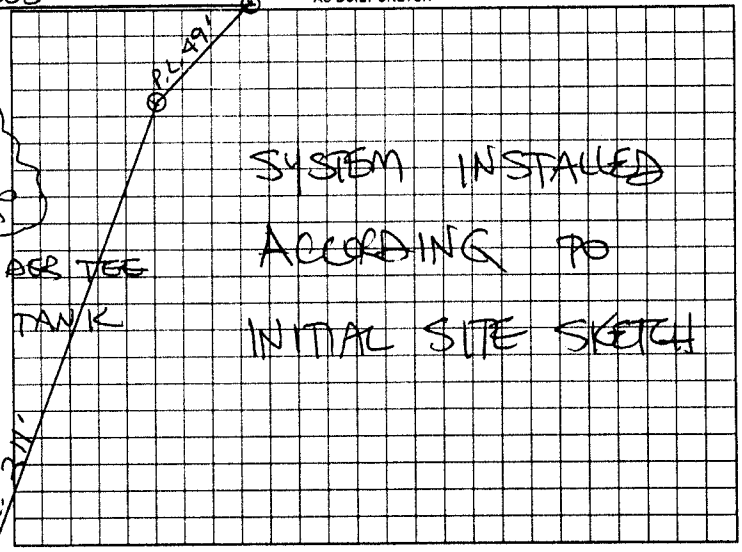
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) H.D.S. SECTIONS ② KEEP SYSTEM MINIMUM 100' FROM WELL

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

SCALE: 1" = 50' 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 4-19-99 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 4-15-99 Operation Permit by: STEVE HEDRICK date 5-4-99

Authorization to Construct by: STEVE HEDRICK date 4-15-99 Existing System Inspection by: ____ date ____

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