IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135564 PIN# 4785-82-3404 DATE 06/01/06

OWNER OR APPLICANT DISTINCTIVE HOUSING PHONE: Business 704-252-1700 ~~Home~~ 704-878-9400

ADDRESS 1480 NORTHSIDE DR. STATESVILLE, NC

LOCATION HWY 64 E., (R) BARRY OAK RD. (R) BUMGARDNER RD., ~ 100 YDS TURN LEFT DOWN PATH, NEAR END ON LEFT.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.976 Ac. SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,600 Gallons; STB 825 Date 8-12-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,440 Linear Feet 500

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: GRAVITY, CONV., OR AN APPROVED SYSTEM

Repair System Description: GRAV. CONV, OR AN APPROVED SYSTEM

Maintenance Agreement Required: ☐ Yes ☐ No

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

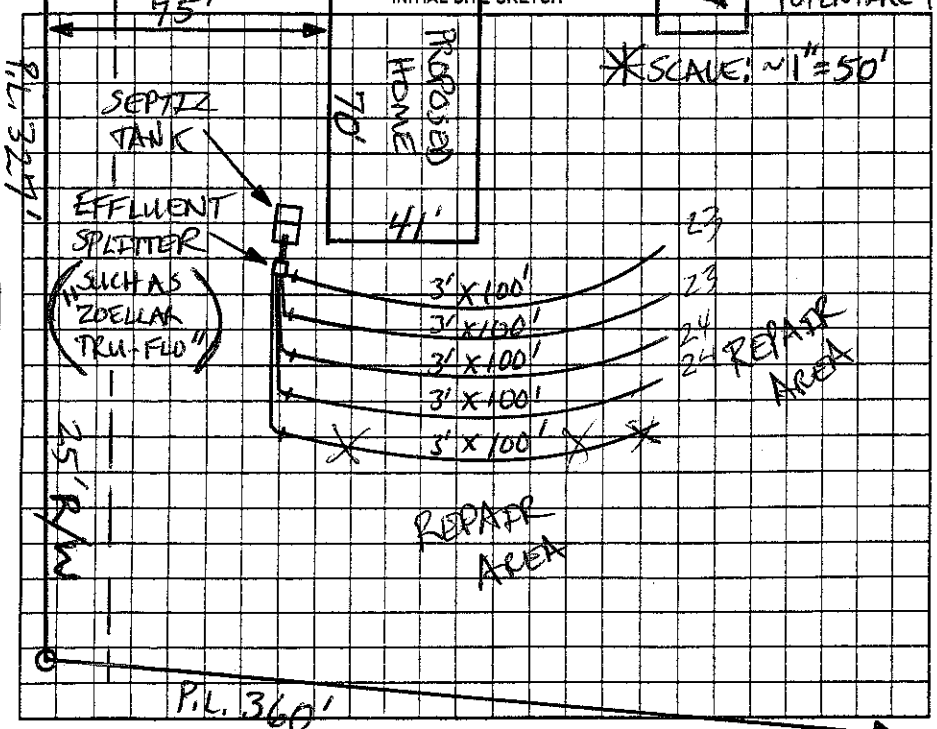
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual WELL ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

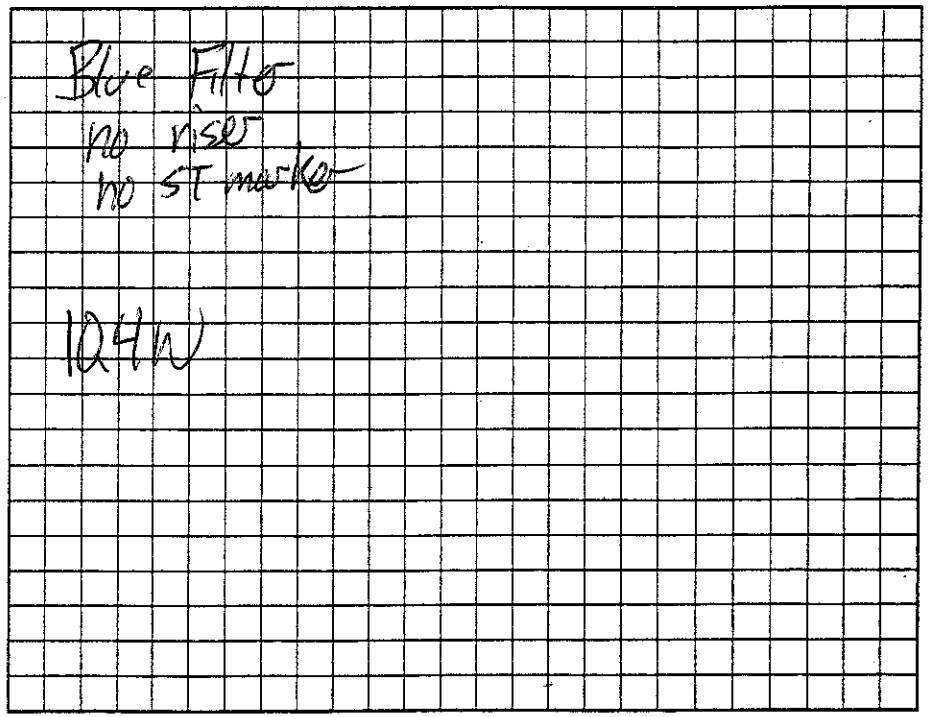
Comments/Conditions: ← POTENTIAL WELL SITE 145' TO PROPERTY LINE DRIVE

INITIAL SITE SKETCH



Comments/Conditions: AN "ACCEPTED" SYSTEM MAY ALSO BE USED.

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: _____ date 6/2/06 Installed by: Rowan Septic

Improvement Permit by: STEVE HEDRICK date 6-2-06 Operation Permit by: _____ date 10/10/06

Authorization to Construct by: STEVE HEDRICK date 6-2-06 Existing System Inspection by: _____ date _____

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