IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 5-15-02

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 106725 PIN# 4786-16-2034 DATE 4-2-04

OWNER OR CONTRACTOR CARL LEE BASS III PHONE: Business % 704-902-0799 Home

ADDRESS 259 BLUEBERRY HILL DR, STATESVILLE, NC 28677

LOCATION US 64 EAST, TL FIFTH CREEK RD, TR GARRIS DR, TL BLUEBERRY HILL DRIVE LOT AT END ON LEFT

SUBDIVISION BLUEBERRY HILL BLOCK / SECTION II LOT 21 LOT AREA 3.028 ACRES SITE CLASS. PS DESIGN FLOW 480' L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-7-04
Pump Tank: 1000 Gallons; PT 17 Date 9-14-04
Pump Make: GOULDS Model WE07224Y Serial No. M0952064
Nitrification Field: No Fields 1 Square Feet EQ. 1920 Linear Feet 480
No Lines SIX 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: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other

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

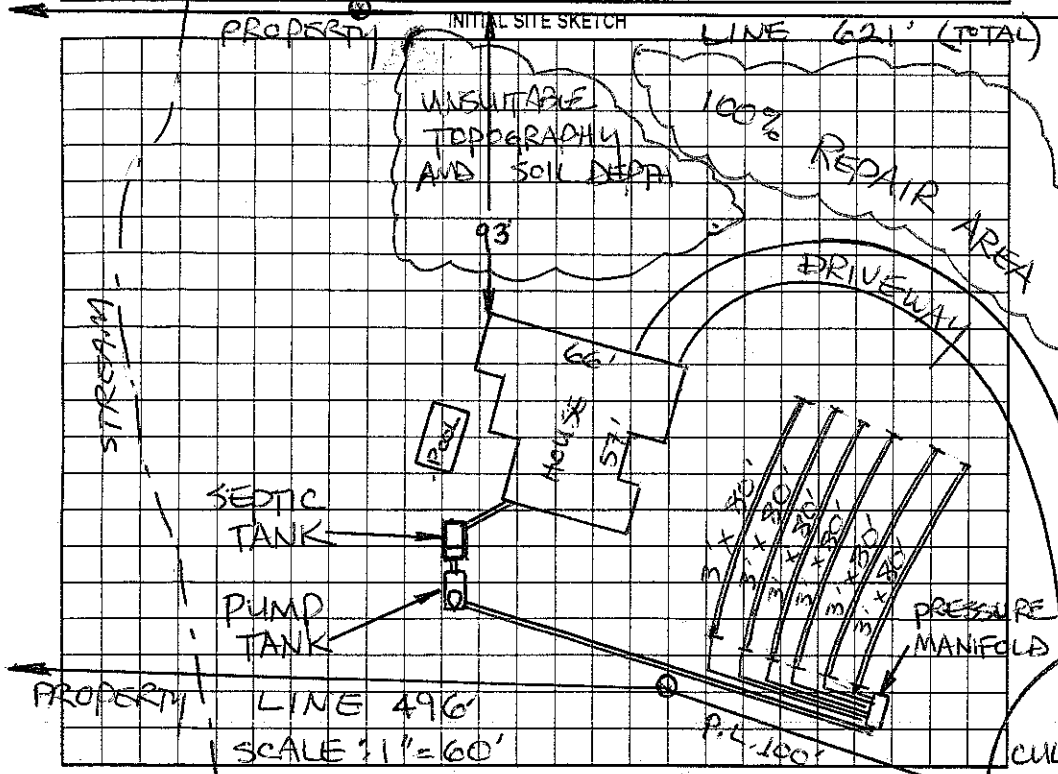
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

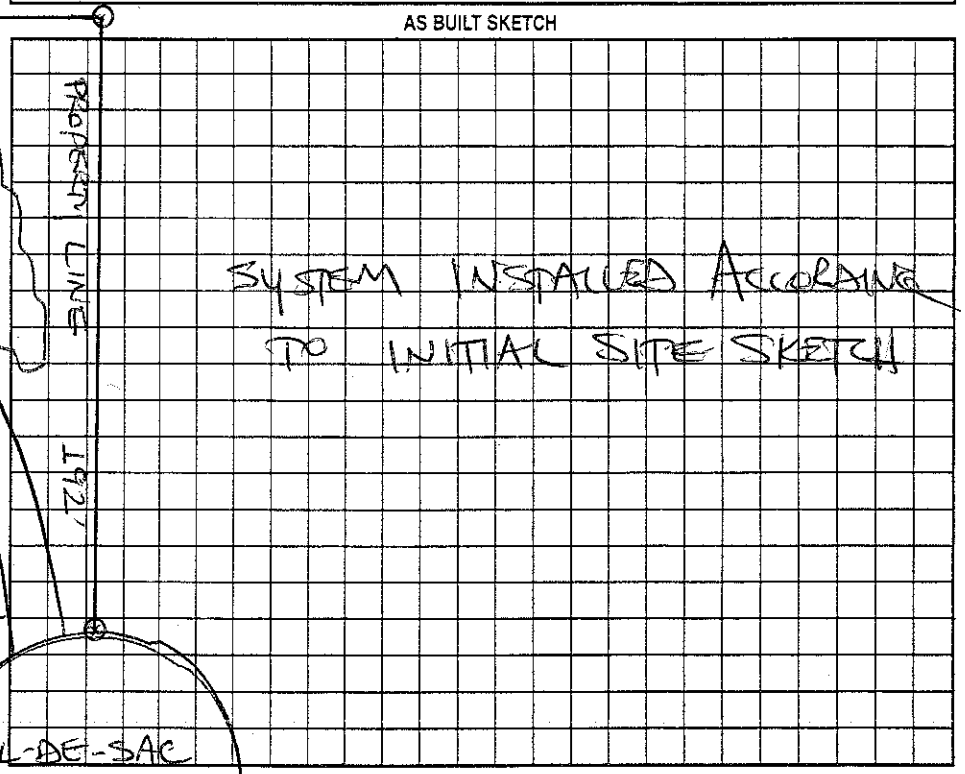
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM AS FLAGGED ON CONTOUR ② SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "TUFTITE" FILTER. DRAWFIELD INSPECTED 12-17-04, KSH.

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 4-6-04 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 4-2-04 Operation Permit by: STEVE HEDRICK date 1-5-05

Authorization to Construct by: STEVE HEDRICK date 4-2-04 Existing System Inspection by: ___ date ___

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