IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115744 PIN# ~~4789-49-9495.000~~ 4989-49-0047 DATE 10-1-03

OWNER OR CONTRACTOR ~~[illegible]~~ Tommy & Katrine Backhoe PHONE: Business ~~704-[illegible]~~ Home

ADDRESS 310 COUNTRY RIDGE RD ROCKWELL, N.C. 28138 704-638-0200

LOCATION 21 NORTH, (E) 901 (R) LINDER (R) = 1/8 mile on RT LOT #8

SUBDIVISION SPRING HILLS BLOCK / SECTION 1 LOT 8 LOT AREA .660 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-26-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 SPLIT Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI

System Description: CONV GRAV

Repair System Description: LP PANEL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

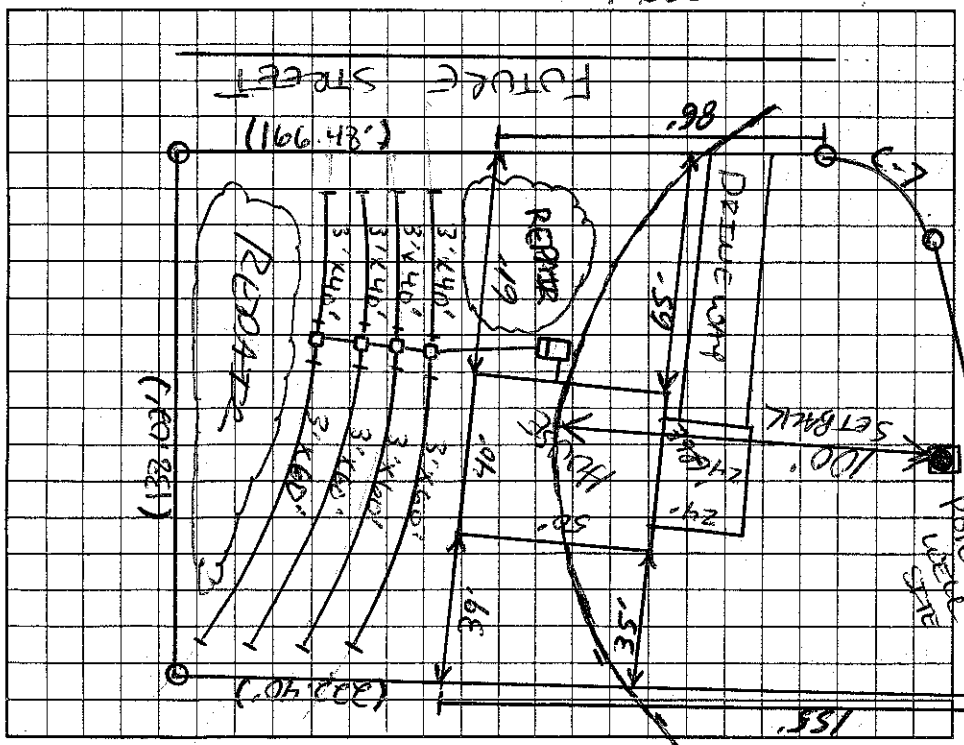
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

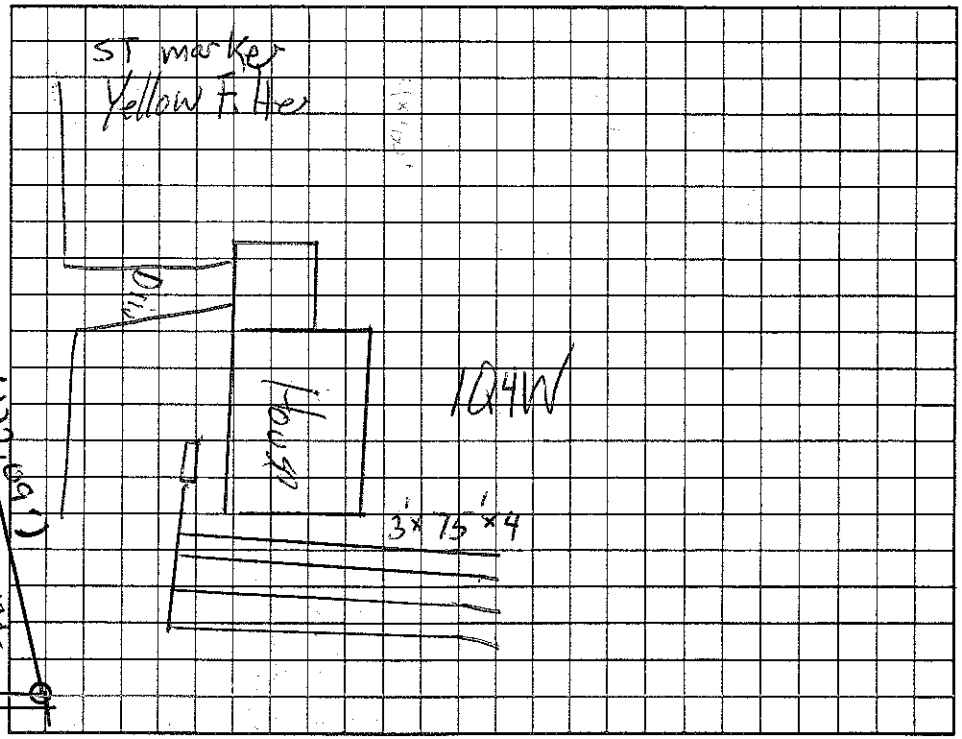
Comments/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) SYSTEM & HOUSE IS FLAGGED OUT COMPLETELY.

Comments/Conditions: APPROVED 73'x42' HOUSE PLAN. KEEP HOUSE IN SAME LOCATION EXCEPT FOR THE FRONT OF THE HOME, 61' CHANGES TO 59' OFF FRONT P/L & 65' CHANGES TO 63' OFF FRONT P/L. LC 1-14-04

INITIAL SITE SKETCH 1" ≈ 50'



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: Carlton Mask date 10/8/03 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 10-1-03 Operation Permit by: James Stone date 2-28-07

Authorization to Construct by: [signature] date 10-1-03 Existing System Inspection by: ____ date ____

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