IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 105656 PIN# 4800-92-6518 DATE 4-12-02

OWNER OR CONTRACTOR RAY FELTS PHONE: Business _____ Home 704-876-1389

ADDRESS 149 WINDY HILL ROAD STATESVILLE, NC 28677

LOCATION NC115 NORTH, TL DAMASCUS CHURCH ROAD, 1.5 MILES ON RIGHT

SUBDIVISION MINNE BRAKEFIELD BLOCK / SECTION _____ LOT 10 LOT AREA 0.58 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 12-7-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth N/A

☑ New System ☐ Repair System Type: I II (III) IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: LOW PRESSURE PIPE
Maintenance Agreement Required: ☐ Yes ☑ No,

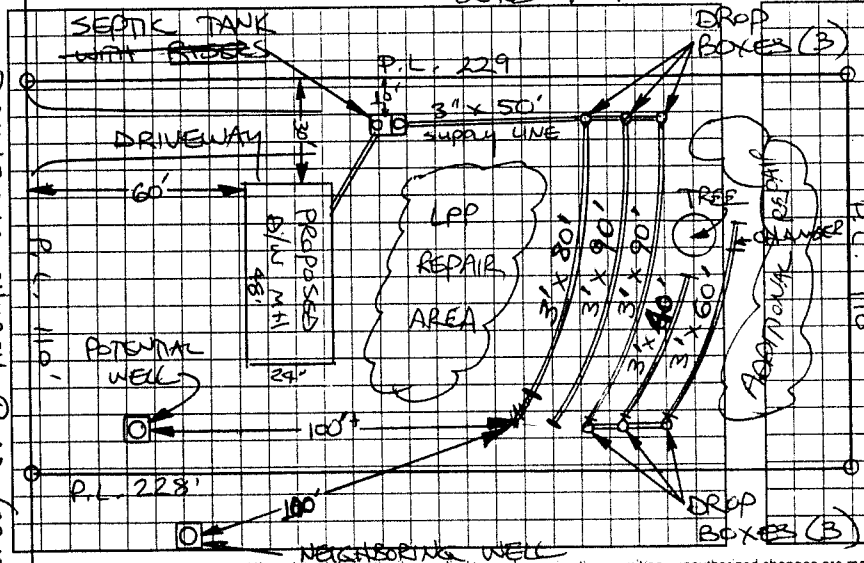
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① INSTALL 25% REDUCTION USING "SHALLOW PLACEMENT" CHAMBERS OR HDS SECTIONS (HORIZONTAL) ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "PolyLok" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

SYSTEM INSTALLED USING 35 "E-Z FLOW" SECTIONS AND 1 "INFILTRATOR" CHAMBER 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: _____ date 4-17-02 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 4-12-02 Operation Permit by: STEVE HEDRICK date 4-24-02

Authorization to Construct by: STEVE HEDRICK date 4-12-02 Existing System Inspection by: _____ date _____

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