IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0860998 PIN# 4801 91 0431 DATE 1-6-00

OWNER OR CONTRACTOR DAVID W. SNIDES PHONE: Business Home (336) 857-2578

ADDRESS P.O. BOX 1122, DENTON, NC 27239

LOCATION NC 115 N, TL MTN. VIEW RD, TL BROOKHAVEN RD, TL SHOEMAKER FARM (2ND), 0.1 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.50 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 6-15-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 69.10 1200 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION Pump
Maintenance Agreement Required: ☐ Yes ☒ No

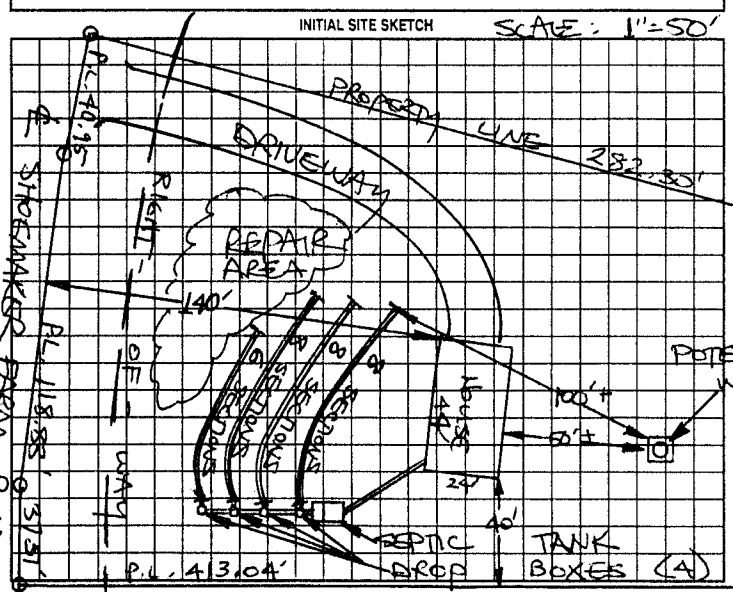
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

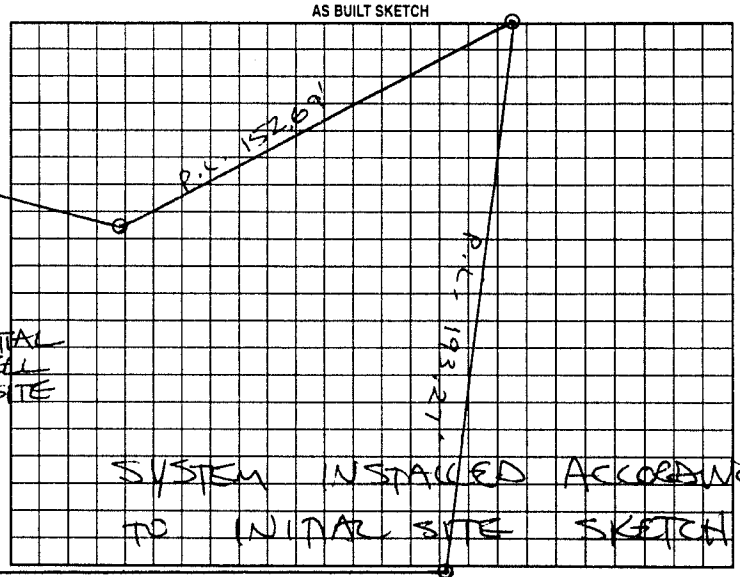
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING THIRTY (30) HAS SECTIONS ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH SCALE: 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: William W. Johnson date 1-6-00 Installed by: MATNEY'S BACKHOE & HAULING

Improvement Permit by: STEVE HEDRICK date 1-6-00 Operation Permit by: STEVE HEDRICK date 8-31-00

Authorization to Construct by: STEVE HEDRICK date 1-6-00 Existing System Inspection by: _____ date _____

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