IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083591 PIN# 4810 17 0237 (PART) DATE 11-15-99

OWNER OR CONTRACTOR BRIAN & TINA WRIGHT PHONE: Business 876-8928 Home 871-9663

ADDRESS 135 OAK GROVE ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL DAMASCUS, TR CATTLEMANS RD, TL HORSEMANS DRIVE, AT END BEHIND BOX # 300

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.2 ACRES± SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 1-8-2000
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 89.1 / 120 Linear Feet 300±
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" ~~Depth~~ SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION SYSTEM
Repair System Description: ~~SAND~~ REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

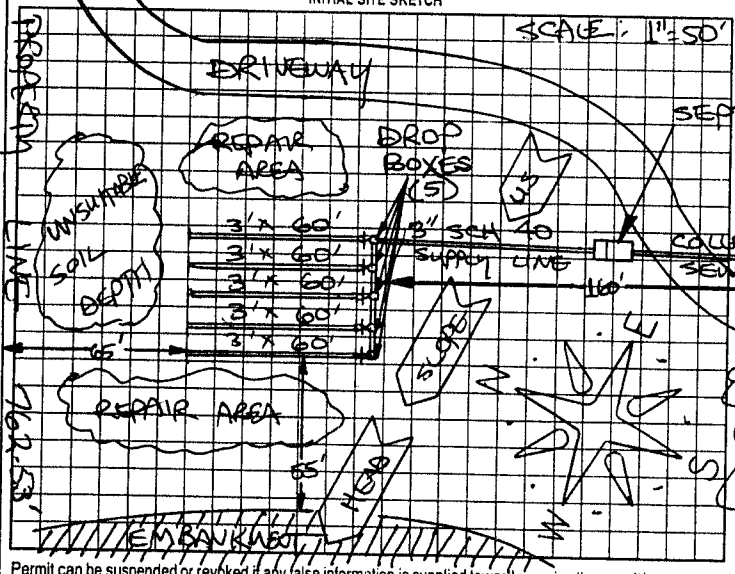
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

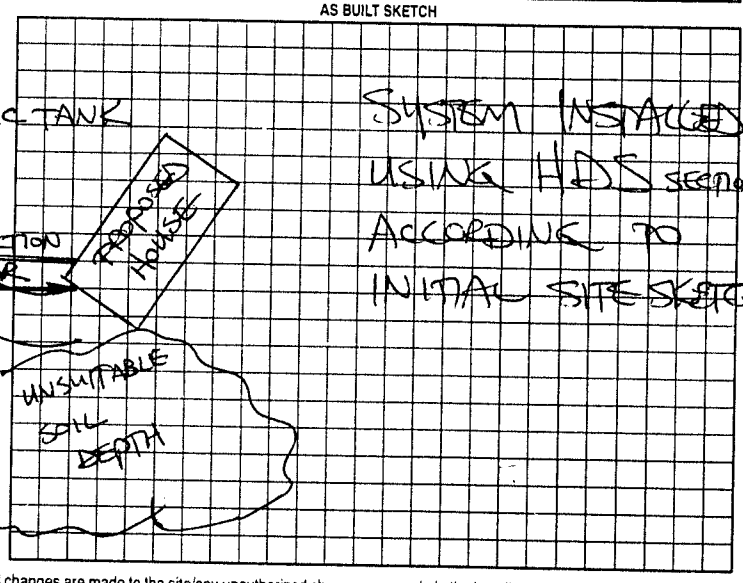
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

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: Brian D. Wright date 11-16-99 Installed by: A+1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 11-15-99 Operation Permit by: STEVE HEDRICK date 4-12-2000

Authorization to Construct by: STEVE HEDRICK date 11-15-99 Existing System Inspection by: _____ date _____

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