IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES EXPIRED PERMIT #025487

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

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

PERMIT# 118040 PIN# 4810-~~47-0237~~ 16-1905 DATE 12-22-03

OWNER OR CONTRACTOR DEBORAH SCHNEBLE PHONE: Business Home 704-592-2024

ADDRESS 161 HORSEMANS DRIVE, STATESVILLE, NC 28677

LOCATION NC 115 N, TL MOUNTAIN VIEW RD, TL CATTLEMAN'S RD, TR ~~HORSE~~MAN'S DR, AT END ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 32.23 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10-12-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

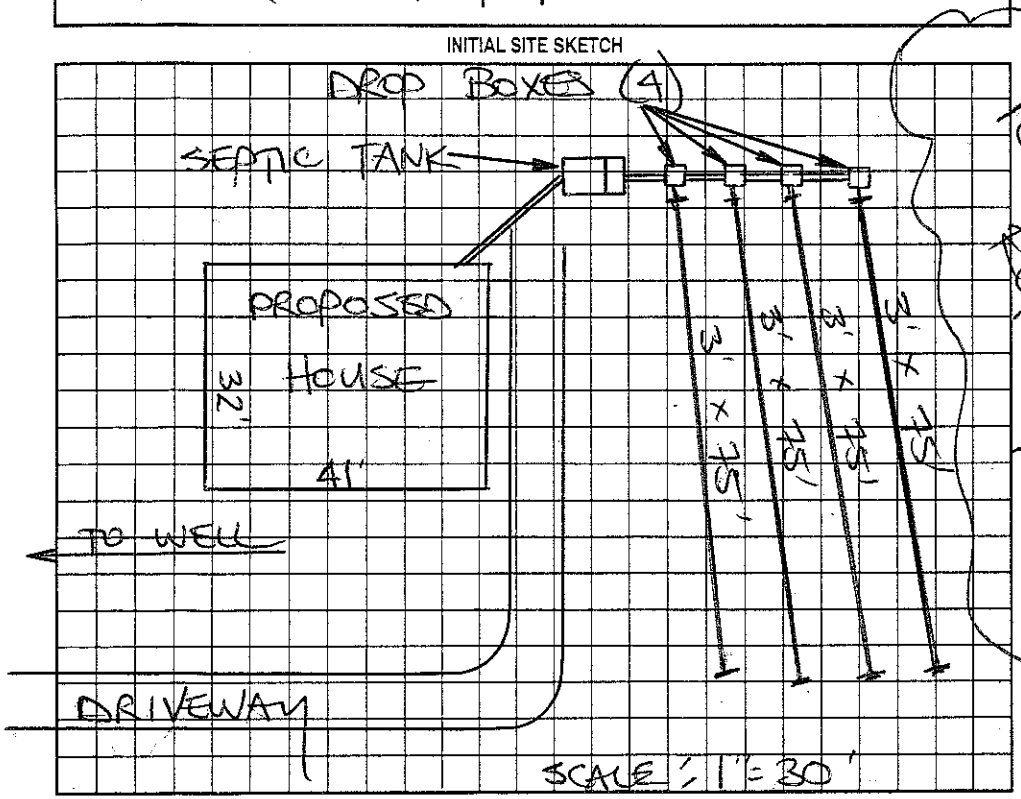
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

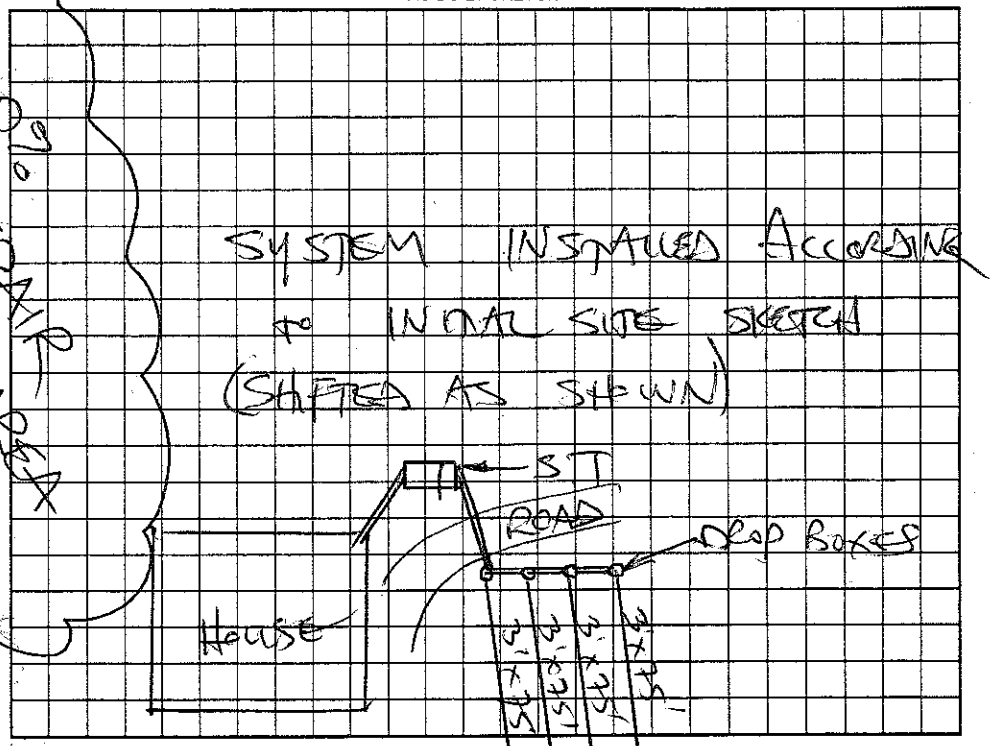
Comments:/Conditions: CLEAR FILL DIRT OVER DRAINFIELD. INSTALL LINES ON CONTOUR. KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments:/Conditions: SEPTIC TANK W/ RISERS & MARKER INSTALLED USING "ZABEL" 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: [signature] date 12-22-03 Installed by: HOMEOWNER

Improvement Permit by: STEVE HEDRICK date 12-22-03 Operation Permit by: STEVE HEDRICK date 1-15-04

Authorization to Construct by: STEVE HEDRICK date 12-22-03 Existing System Inspection by: _____ date _____

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