THIS PERMIT VOIDS PREVIOUS ISSUED 3-12-2001

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094845 PIN# 4810 62 9369 / 4810 72 0482 / 4810 72 1494 DATE 3-23-01

OWNER OR CONTRACTOR CHRIS SLOAN PHONE: Business Home (704) 876-2561

ADDRESS 192 MOUNTAIN VIEW RD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TL HANNAH ROAD, 3 LOTS ON LEFT BEFORE CURVE

SUBDIVISION MTN. VIEW EST. BLOCK / SECTION ____ LOT 25,26,27 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 6-17-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1800 Linear Feet 300
No Lines EIGHT Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 50% 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 ____

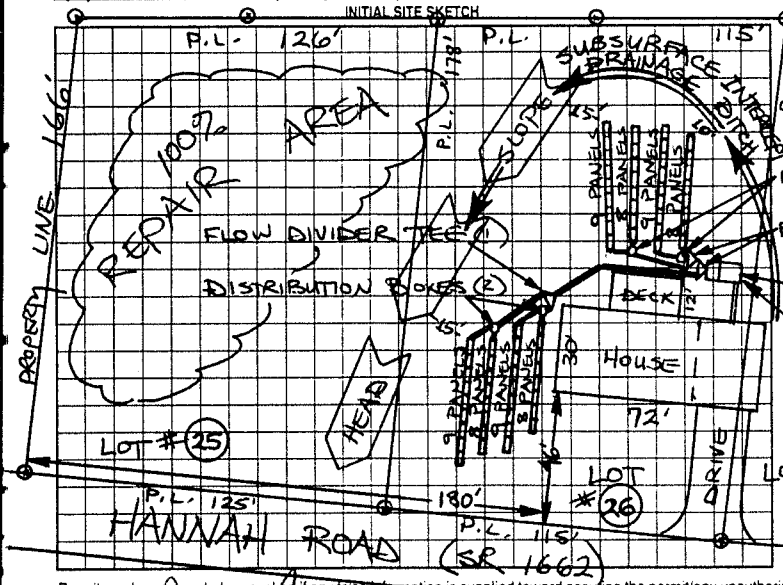
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AS SHOWN BEGINNING 18" DEEP ② INSTALL 50% REDUCTION SYSTEM USING 68 PPBPS PANELS ③ USE 3 FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO 4 DISTRIBUTION BOXES AS SHOWN.

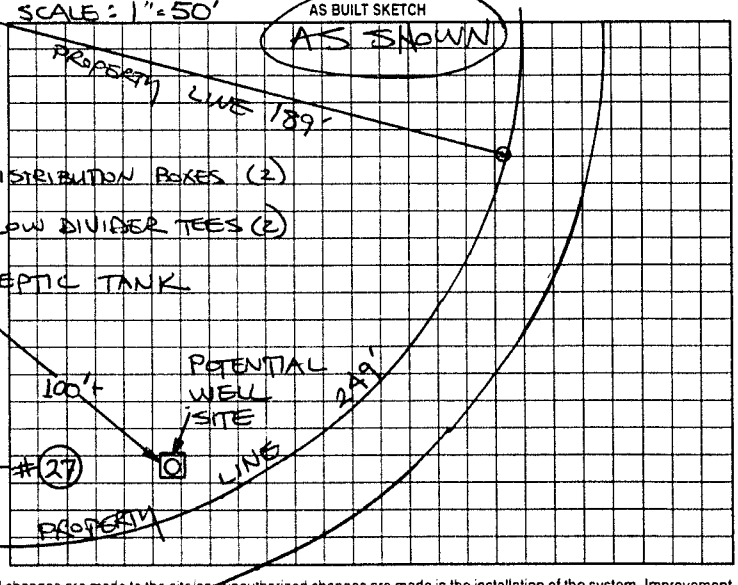
Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: Jim Hudson date 3/26/2001 Installed by: STEVE JORAN

Improvement Permit by: STEVE HEDRICK date 3-23-01 Operation Permit by: STEVE HEDRICK date 9-21-01

Authorization to Construct by: STEVE HEDRICK date 3-23-01 Existing System Inspection by: ____ date ____

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