IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119467 PIN# 4842-32-0540 DATE 2-2-05

OWNER OR CONTRACTOR CHRISTI BARKLEY PHONE: Business (704) 875-3920 Home

ADDRESS 7611 BABE STILLWELL FARM RD HUNTERSVILLE NC 28078

LOCATION I-77N TL TOMLIN MILL RD (EXIT 59) TR JENNINGS RD. GO 6-7 MI TL BYWAY LN. TAKE LEFT FORK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.92 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 gpd/ft² TO END

Septic Tank: 1000 Gallons; STB 1012 Date 3/18/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640
No Lines 5 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: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

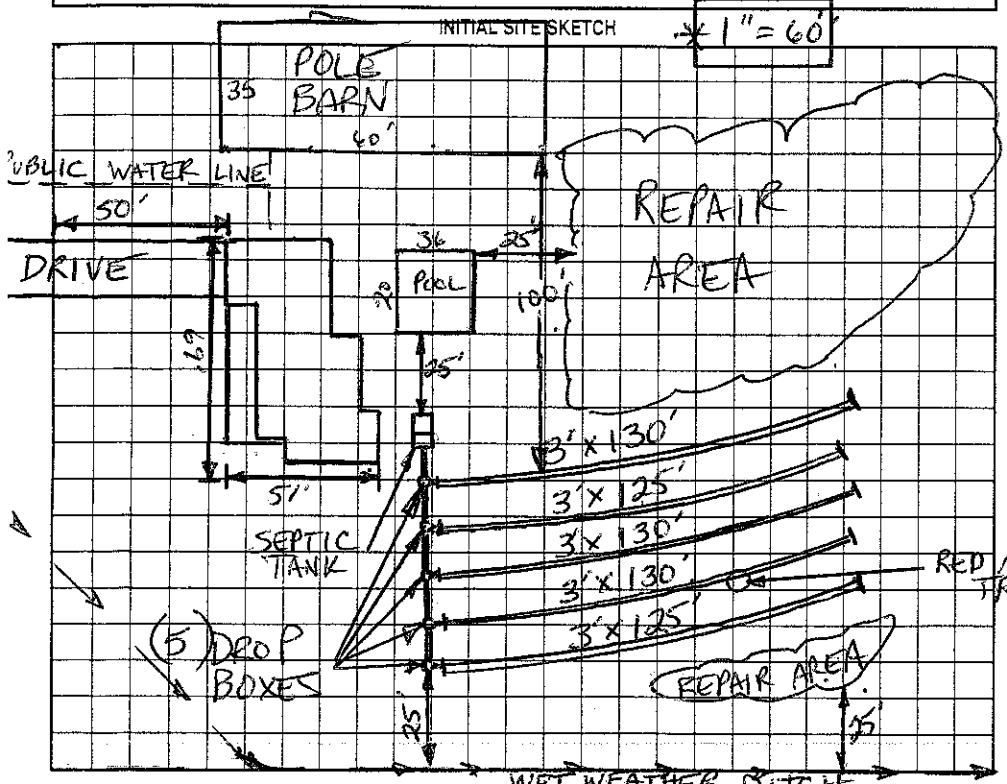
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① INSTALL LINES NO DEEPER THAN 36" ON CONTOUR ② MAINTAIN ALL SETBACKS ③ REMOVE RED MAPLE TREES IN DRAINFIELD AREA

Comments/Conditions: SX W/ MARKER AND TYF-FIXR FILTER. INSTALLED AS DRAWN

INITIAL SITE SKETCH * 1" = 60'



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: Scott Cobb date _____ Installed by: DALE WILLIAMS

Improvement Permit by: Christopher M Shill RS, LSS date 2-2-05 Operation Permit by: [signature] date 10/17/05

Authorization to Construct by: Christopher M Shill RS, LSS date 2-2-05 Existing System Inspection by: _____ date _____

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