IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89009 PIN# 4850 06 50 25 DATE 5/10/00

OWNER OR CONTRACTOR MARK YOUNT PHONE: Business _____ Home 872-0049

ADDRESS 3226 JURNEY AVE STATESVILLE NC 28677

LOCATION TOMLIN MILL - TR JENNINGS - TR RED HAWK - ON RT NEAR END

SUBDIVISION GLENN ACRES BLOCK / SECTION _____ LOT 5 LOT AREA 2.57 SITE CLASS RS DESIGN FLOW 480 GPD L.T.A.R. 34 1/4 2

Septic Tank: 1000 Gallons; STB 1012 Date 12-27-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

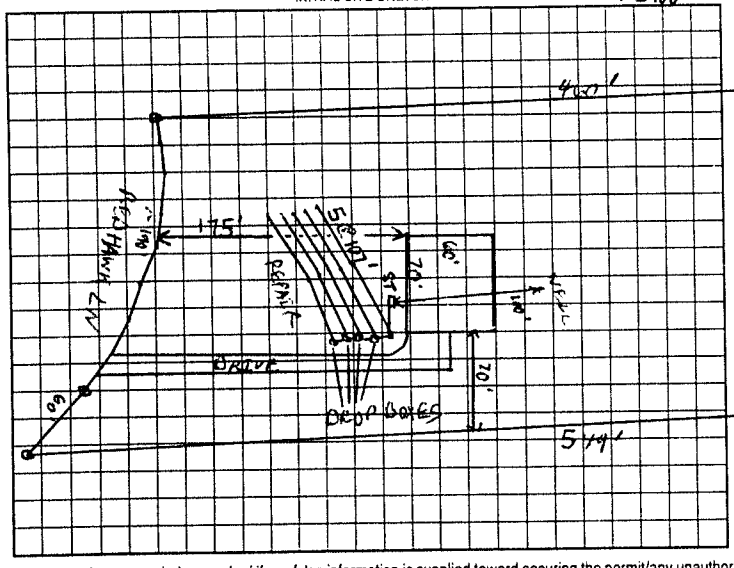
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

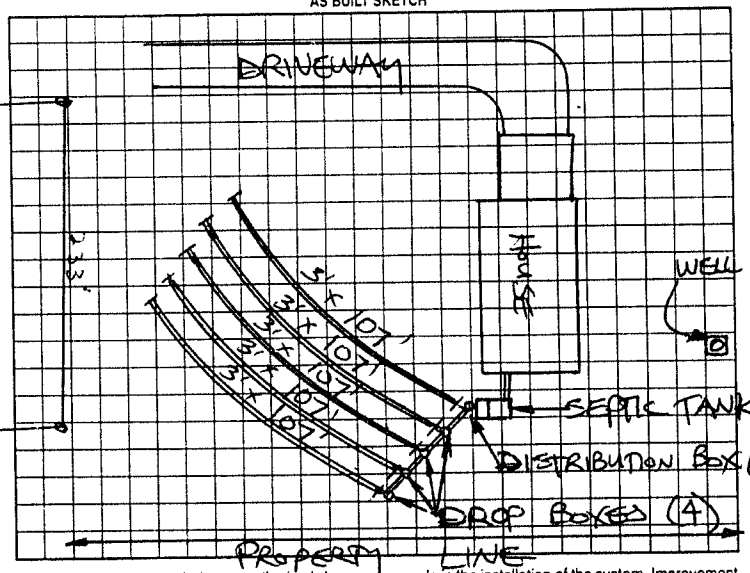
Comments/Conditions:

Comments/Conditions: ① SYSTEM ALTERED AS SHOWN BELOW ② SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH 1"=100'



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: Carol L. Yount date 5/10/00 Installed by: DAVID YOUNTZ

Improvement Permit by: C. Kay Fox RS date 5/10/00 Operation Permit by: STEVE HEDRICK date 7-13-01

Authorization to Construct by: C. Kay Fox RS date 5/10/00 Existing System Inspection by: _____ date _____

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