2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1C0355 PIN# 4860487753 6744 DATE 11-7-07

OWNER OR APPLICANT Rick Dyson PHONE: Business _____ Home _____

ADDRESS 120 Hickory Point Court Statesville NC 28677

LOCATION 21N to Sabbar on ~~right~~ ~~of~~ Left After TAtum

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21.928 AC SITE CLASS 05 DESIGN FLOW 480 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1017 Date 2-17-8

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 250 Gravity

Repair System Description: 250 Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

584

INITIAL SITE SKETCH

Comments:/Conditions:

NOT to SCALE

Shave bump in front yard

Install on Contour

AS BUILT SKETCH

Maintain all setbacks

(3) x 133'

well

100'

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: _____ date 11-7-07 Installed by: Tommy Fluke

Improvement Permit by: _____ date 11-7-07 Operation Permit by: _____ date 8-11-08

Authorization to Construct by: _____ date 11-7-07 Existing System Inspection by: _____ date _____

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