IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111860 PIN# 4860-64-6975 DATE 4-10-03

OWNER OR CONTRACTOR PIEDMONT CONSTRUCTION CO. PHONE: Business 704-736-4335 Home 704-736-4375

ADDRESS P.O. BOX 1732 LINCOLNTON, NC 28092

LOCATION US 21 NORTH, TL TABOR ROAD, TR ASHFORD DRIVE, 4TH LOT ON LEFT

SUBDIVISION ~~HOLLY~~ RIDGE BLOCK / SECTION II LOT 5 LOT AREA 0.73 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 354 Date 7-15-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1600 Linear Feet 270

No Lines SIX 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 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

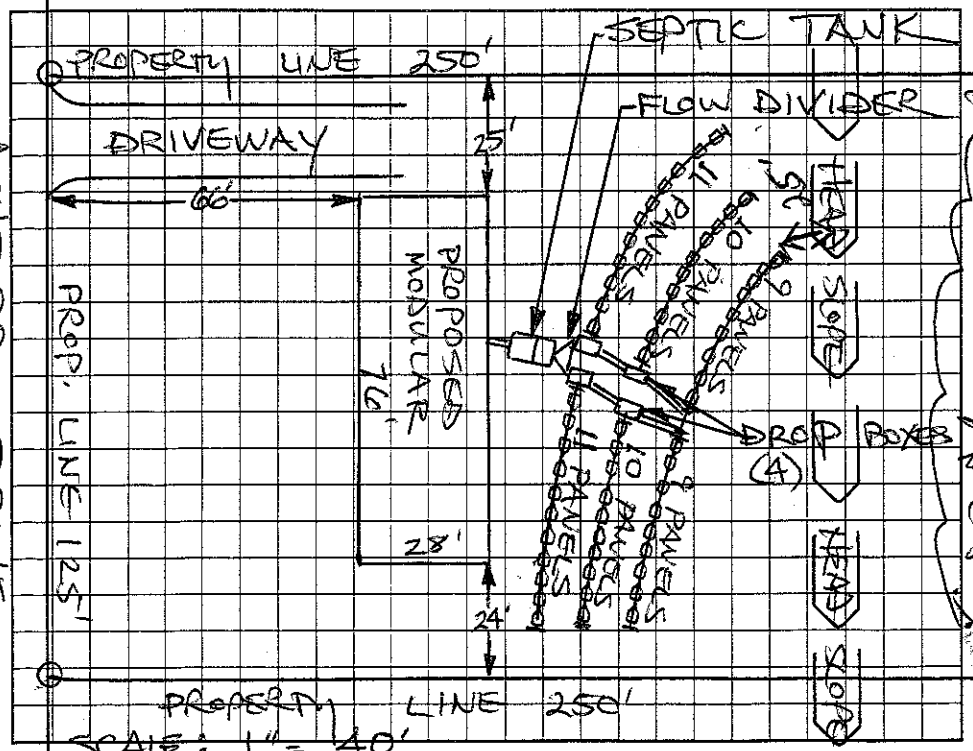
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

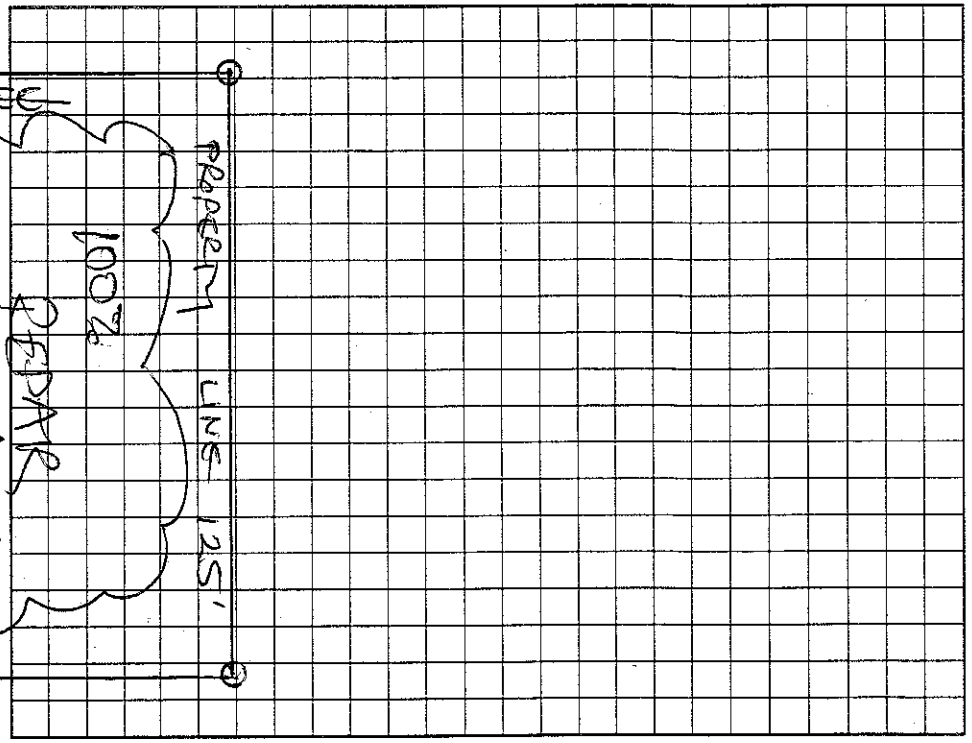
Comments:/Conditions: (1) INSTALL 50% REDUCTION SYSTEM USING SIXTY PPBPS PANELS AS SHOWN ON CONTOUR (2) USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES FOR SERIAL DISTRIBUTION

Comments:/Conditions: INSTALLED AS DRAWN POLYLOK FILTER & MARKER

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: Hal Clark date 4-14-200 Installed by: G & M ENTERPRISES

Improvement Permit by: STEVE HEDRICK date 4-10-03 Operation Permit by: [signature] RS date 8-14-03

Authorization to Construct by: STEVE HEDRICK date 4-10-03 Existing System Inspection by: _____ date _____

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