IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91112 PIN# 4860744923 DATE 10/20/00

OWNER OR CONTRACTOR Adam Maynard PHONE: Business Home 468-6986

ADDRESS 246 Old Bankard Rd. Union Grove NC 28689

LOCATION Tabor, R Ashford, on Lt.

SUBDIVISION Holly Ridge BLOCK / SECTION LOT 11 LOT AREA .73 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 854 Date 1-5-01
Pump Tank: 1000 Gallons; PT 168 Date 4-2-00
Pump Make: HYDROMATIC Model SHEF50M1 Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(X) New System ☐ Repair System Type: I. II. (III.) IV. V. VI
System Description: Press. Man. Conv.
Repair System Description: PM 25% Reduction
Maintenance Agreement Required: ☐ Yes (X) No

(X) House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

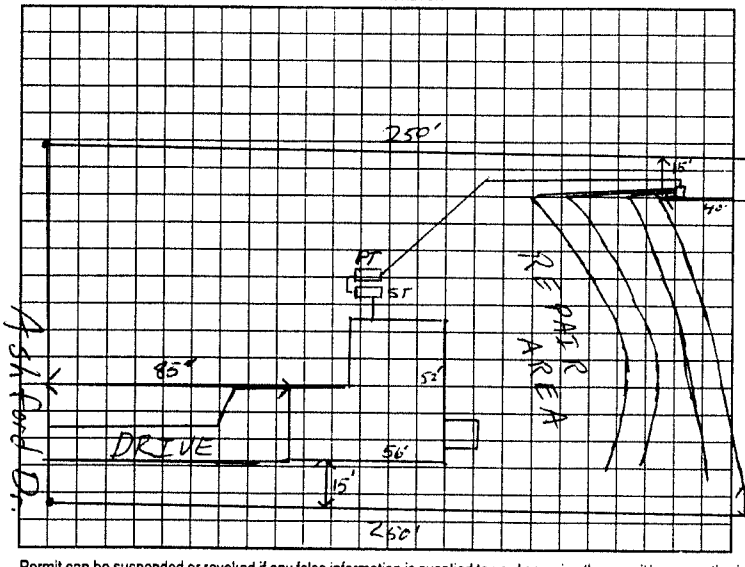
Water Supply: ☐ Individual (X) Public ☐ Community

☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

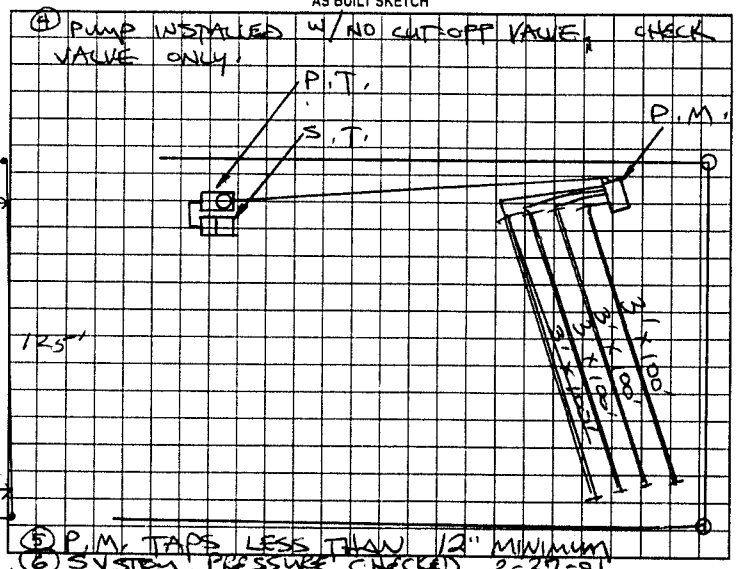
Comments:/Conditions:

Comments:/Conditions: ① SYSTEM INSTALLED OUT OF CONTOUR AS SHOWN ② SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS ③ SEPTIC TANK W/ RISERS & MARKER INSTALLED USING "ZABEL" FILTER

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: Adam Maynard date 10-23-00 Installed by: TOMMY NIXON

Improvement Permit by: [signature] RS date 10/20/00 Operation Permit by: STEVE HENDRICK date 8-01-01

Authorization to Construct by: [signature] RS date 10/20/00 Existing System Inspection by: date

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