IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094201 PIN# 4860 74 6973 DATE 2/9/01

OWNER OR CONTRACTOR WILLIAM T. MARLOW PHONE: Business _____ Home (704) 8780110

ADDRESS 124 EMMA LANE, STATESVILLE, NC 28625

LOCATION HWY 21 N ① TABOR RD. ② ASHFORD TO LOT #13 ON ②

SUBDIVISION HOLLY RIDGE BLOCK / SECTION _____ LOT 13 LOT AREA .73 SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 10-13-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 342'
No Lines 5 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. ① III. IV. V. VI
System Description: CONVENTIONAL
Repair System Description: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

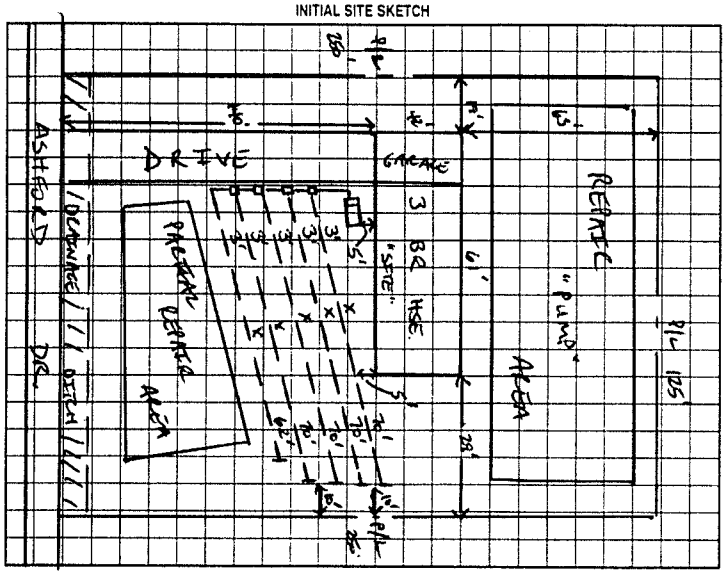
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELDS/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: William T Marlow date _____ Installed by: STEVE JORDAN

Improvement Permit by: Tracy Shinn date 2/9/01 Operation Permit by: STEVE HEDRICK date 5-4-01

Authorization to Construct by: Tracy Shinn date 2/9/01 Existing System Inspection by: _____ date _____

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