pd 1/25 (VE)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 94354 PIN# 4860 74 9603 PT DATE 3-2-01

OWNER OR CONTRACTOR Scott Sygrones PHONE: ~~Business~~ CELL 336-927-7507 Home 336-973-8668

ADDRESS 602 Laurelwood Dr., Wilkesboro, NC 28697

LOCATION 21 N, (L) TABOR, (R) ASHFORD, ATEND ON RT

SUBDIVISION HOLLY RIDGE BLOCK / SECTION II LOT 19,20,21 LOT AREA 2.33 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 4-16-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1200' Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV 25% RED
Repair System Description: PUMP PANEL / GRAV PANEL
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

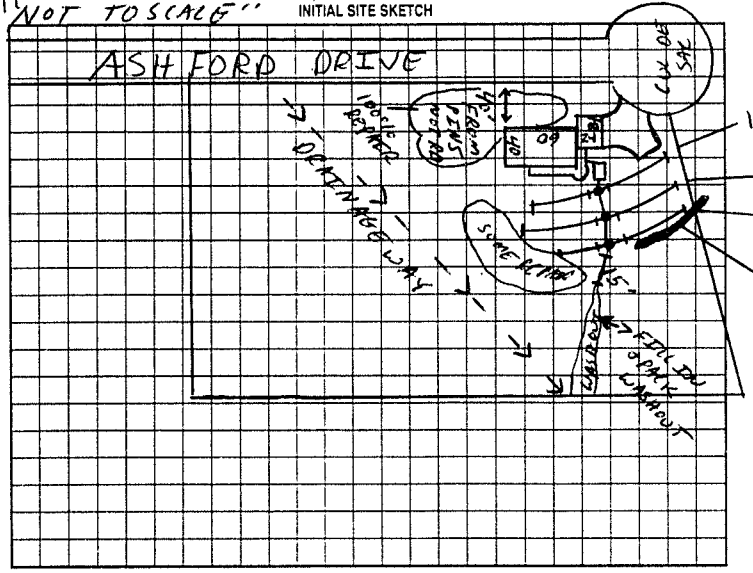
Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

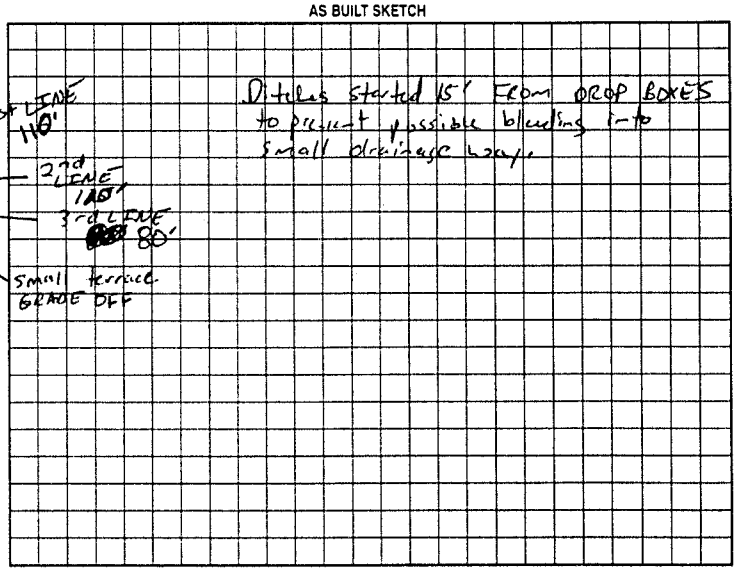
Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) KEEP SYSTEM 10' off property lines & 5' off house (3) Use three drop boxes & split feed line 1 & 2 (4) STAY 15' above washout with third line & fill & pack washout.

Comments/Conditions: SYSTEM INSTALLED AS SHOWN WITH POLYLOK FILTER & RISERS

"NOT TO SCALE" 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: [signature] date 3/2/01 Installed by: STATESVILLE BACKHOE

Improvement Permit by: [signature] RSI date 3-2-01 Operation Permit by: [signature] RSI date 5-16-01

Authorization to Construct by: [signature] RSI date 3-2-01 Existing System Inspection by: ____ date ____

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