IREDELL COUNTY HEALTH DEPARTMENT (LT) THIS PERMIT VOIDS PREVIOUS ISSUED 1-19-2007

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

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

PERMIT# 130503 PIN# 4861-22-7908 902-7308 DATE 4-4-2007

OWNER OR APPLICANT FIRST CHOICE HOUSING PHONE: Business 704-~~872-3127~~ Home 704-872-3127

ADDRESS 119 BEECHNUT LANE, STATESVILLE NC 883-8228

LOCATION US 21 NORTH, TL TABOR ROAD, TL SPEAKS ROAD 0.25 MILE ON RIGHT

SUBDIVISION Holly Bob BLOCK / SECTION ____ LOT 4 LOT AREA 0.64 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 3-15-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. FT 1440 Linear Feet 480

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

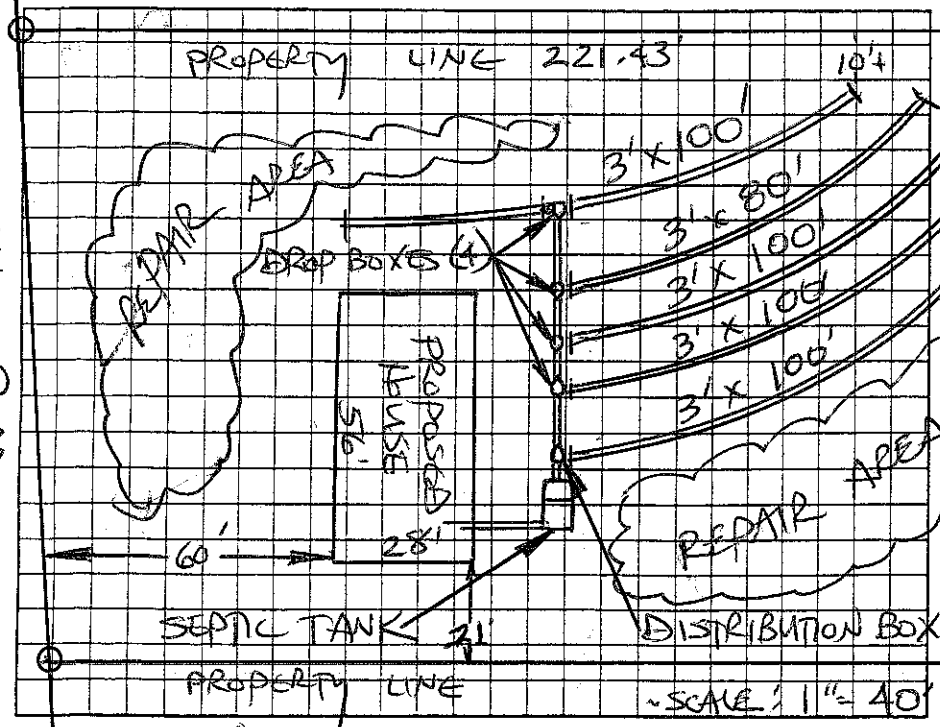
Water Supply: ☐ Individual ☑ Public ☐ Community

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

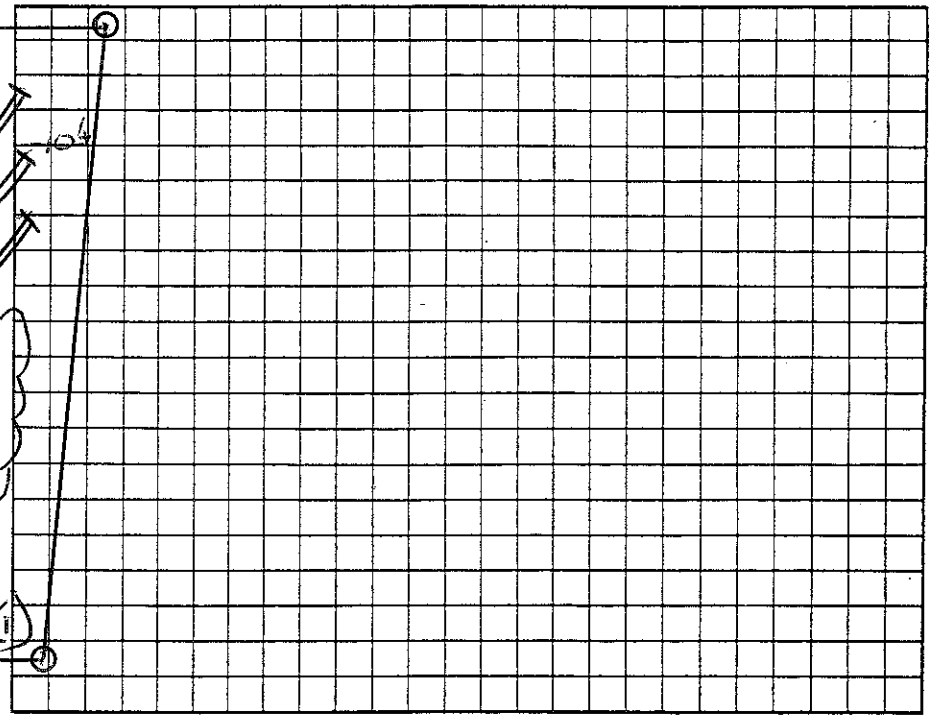
Comments:/Conditions: MAXIMUM TRENCH DEPTH (UP-SLOPE SIDE) OF 36" MUST BE MAINTAINED OR A PUMP SYSTEM SHALL BE REQUIRED.

Comments:/Conditions: Blue Polylock

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 4-18-07 Installed by: Rowan Septic

Improvement Permit by: STEVE HEDRICK date 4-4-2007 Operation Permit by: [signature] date 5-1-07

Authorization to Construct by: STEVE HEDRICK date 4-4-2007 Existing System Inspection by: ____ date ____

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