IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (20) CX 1-29-09 KC MOORESVILLE 704-664-5281

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

PERMIT # 153029 PIN # 4861-32-5610 DATE OCTOBER 15, 2008

OWNER or APPLICANT HORNE BUILDING, INC PHONE: Business 704-902-0399 Home: 704-878-2224

OWNER or APPLICANT ADDRESS 229 CEDAR LAKE DRIVE, STATESVILLE, NC 28625

LOCATION / DIRECTIONS US 21 N, TL TABOR RD, TL SPEAKS RD, TL PADGETT FARMS, TL WILLIS LANE, ON (R) AT ALLEN HILLS

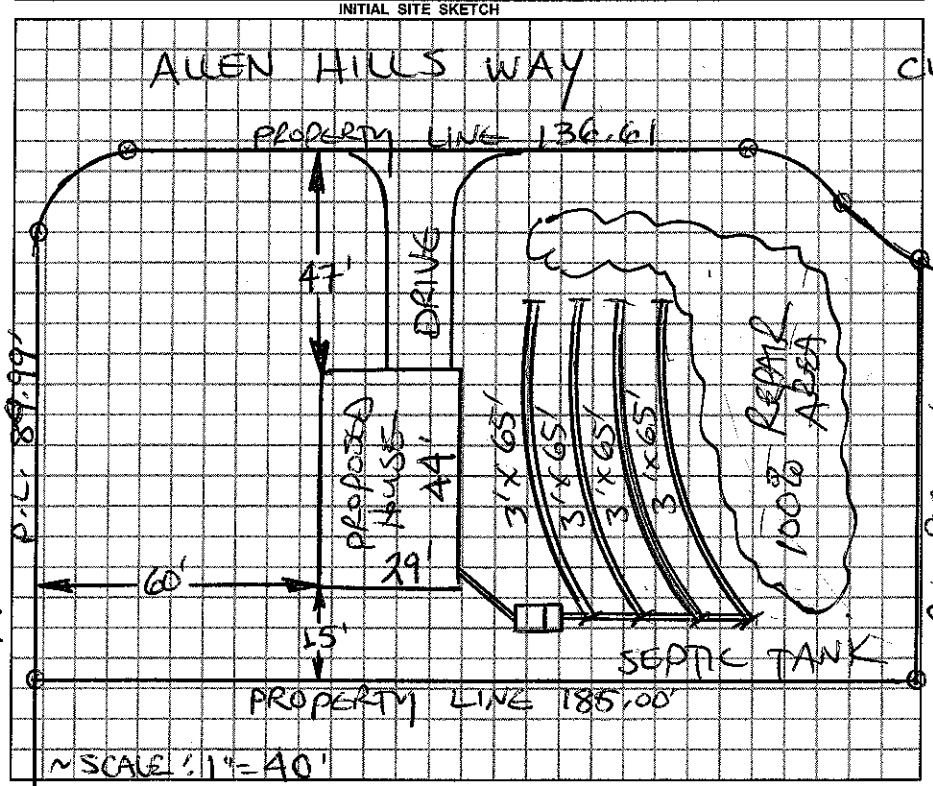
SUBDIVISION PADGETT FARMS BLOCK / SECTION 3 LOT # 38 LOT AREA 0.461 AC DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT2

Septic Tank 1000 Gallons: STB 1007 Date 12-1-08	☑ New System ☐ Repair ☐ Expansion System Type I II (III) V V VI	☑ Residence No. Bedrooms 3	Water Supply
Pump Tank ____ Gallons: PT ____ Date ____	System Description: 25% REDUCTION, GRAVITY	☐ Business No. Persons ____	☐ Private
Pump Make ____ Model ____ Serial # ____	Repair System Description: 25% REDUCTION, GRAVITY	☐ Other No. Employees ____	☑ Public
Nitrification Field No Fields 1 No Lines 4 Linear Feet 260	Maintenance Agreement Required ☐ YES ☑ NO	☐ Slab ☑ Crawl Space	☐ Community
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing	

Comments / Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN USING SERIAL DISTRIBUTION

Comments / Conditions

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Carolyn B Horne Date 10/24/08

Improvement Permit by: STEVE HEDRICK Date 10-15-08

Authorization to Construct by: STEVE HEDRICK Date 10-15-08

Installed by: Tommy Coffey

Operation Permit by: [signature] Date: 1-29-09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant