1,000

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 155657 PIN # 4861 32 7617 DATE 4-6-09

OWNER or APPLICANT Horne Building PHONE: Business 704 902 0399 Home:

OWNER or APPLICANT ADDRESS 229 Cedar Lake Dr. Statesville, NC

LOCATION / DIRECTIONS Tabor Rd, Left Speaks Rd, Left Padgett Farms, Left on Willies, right on Allen Hills Rd

SUBDIVISION Padgett Farms BLOCK / SECTION 3 LOT # 33 LOT AREA .586 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank	1000	Gallons: STB	160	Date	6-9-09		
Pump Tank		Gallons: P T		Date			
Pump Make		Model		Serial #			
Nitrification Field	No Fields 1	No Lines 3	Linear Feet 300				
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: 25% Reduction ~~Gravity~~ (Pump, if nec.)

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

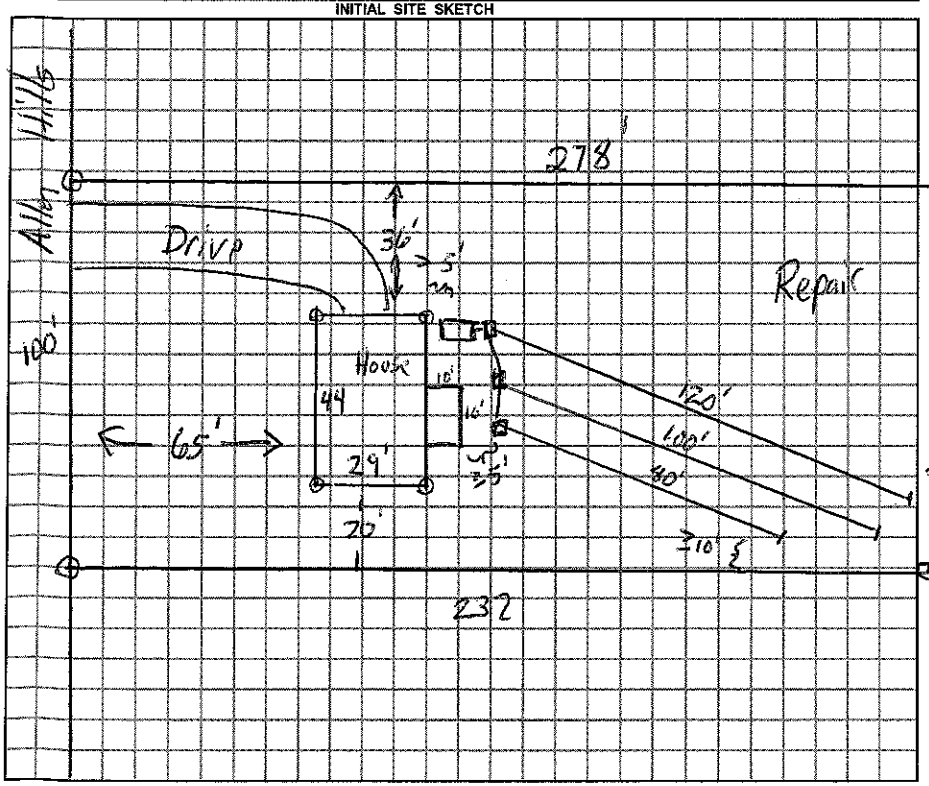
☒ Residence No. Bedrooms 3 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

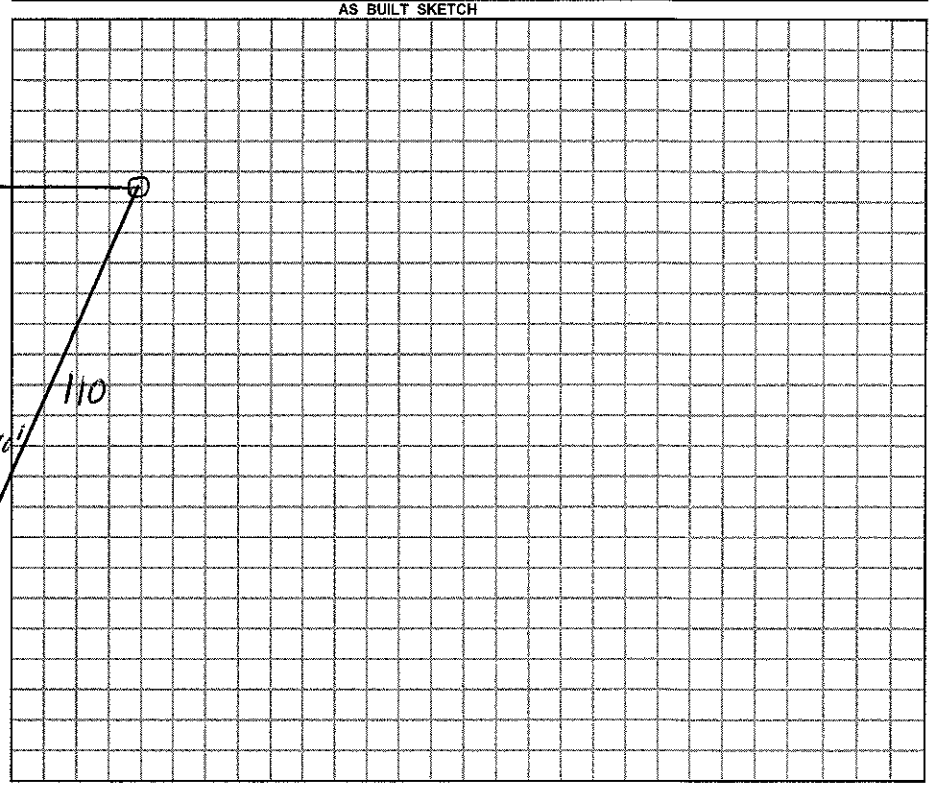
Comments / Conditions

Comments / Conditions POLYLOK F. Bert & MARVIN
INSTALLED AS DOWN USING EWD CAPS
SYSTEM 16' + OFF MARKED P/L'S

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: Carrie S Horne Date 4-6-09

Improvement Permit by: [signature] Date 4-6-09

Authorzation to Construct by: [signature] Date 4-6-09

Installed by: Tommy Collins & Sons Grading

Operation Permit by: [signature] Date: 7-22-09

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