IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079226 PIN# 4863 51 7138 DATE 3-15-99

OWNER OR CONTRACTOR ARCHIE AUSTIN, JR PHONE: Business ? Home (704) 408-7600

ADDRESS 5312 ANTLER DRIVE, IRON STATION, NC 28080

LOCATION I-77N, TR NC 901, TL EAGLE MILLS, TL NATURES WAY, TL SCENIC POINT, AT END ON RIGHT

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION III LOT 9 LOT AREA 1.64 ACRES SITE CLASS PS DESIGN FLOW 360' L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 2-5-99
Pump Tank: 1000 Gallons; PT Date 12-19-99
Pump Make: Hydromatic Model SK 60M1 Serial No. 513379417
Nitrification Field: No Fields 1 Square Feet EQ.to 1200 Linear Feet 300'
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

✓ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION PUMP
Repair System Description: 25% RED. PUMP
Maintenance Agreement Required: ☐ Yes ✓ No
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

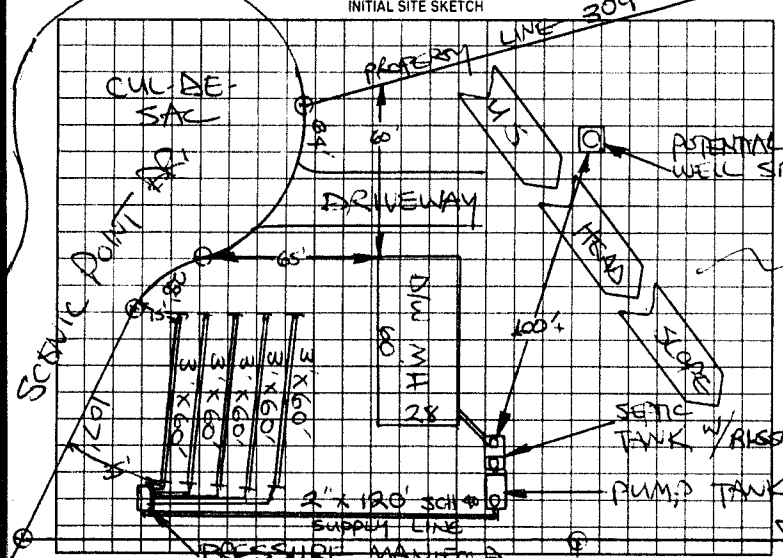
☐ House/Mod. Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community WELL

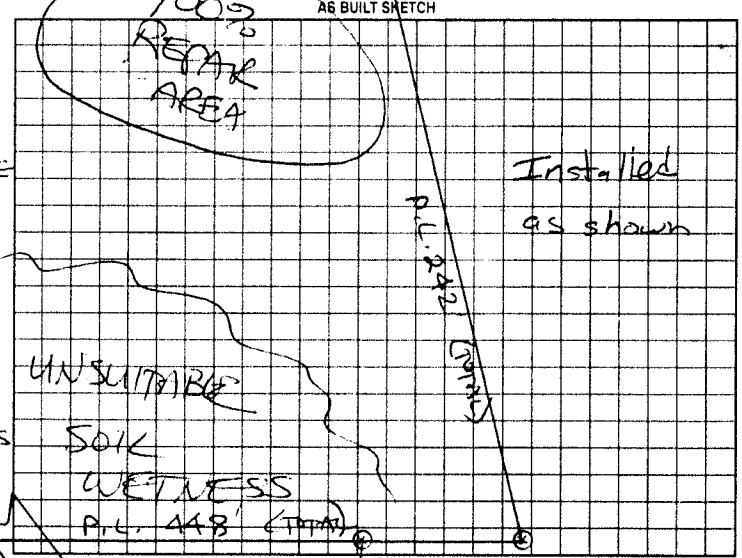
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ③ INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS ③ SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: 4/8 checked tanks, Lines no 5/12 set pressure test me

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: Sherri Teamster date 3-17-99
Improvement Permit by: STEVE HEDRICK date 3-15-99
Authorization to Construct by: STEVE HEDRICK date 3-15-99
Installed by: A-1 Backhoe
Operation Permit by: [illegible] date 8-24-99
Existing System Inspection by: ____ date ____

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