IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133878 PIN# 4863-56-5850 6803 DATE 4-18-06

OWNER OR APPLICANT SHARON & JEFF DUNCAN PHONE: Business 704-872-3231 x2160 Home 704-539-4843

ADDRESS 150 LAKEVIEW HOLLAR LANE JAMESTOWN VILLE, NC 27020

LOCATION 77M (R) 901 (L) EAGLE MILLS (L) HOLCOMB (R) AT BOX # 222 ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.10 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.5

Septic Tank: 1000 Gallons; STB 160 Date 6-1-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ=1200 Linear Feet 300'
No Lines 6x50' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 60MM 25% REDUCT
Repair System Description: LPSD 1%
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

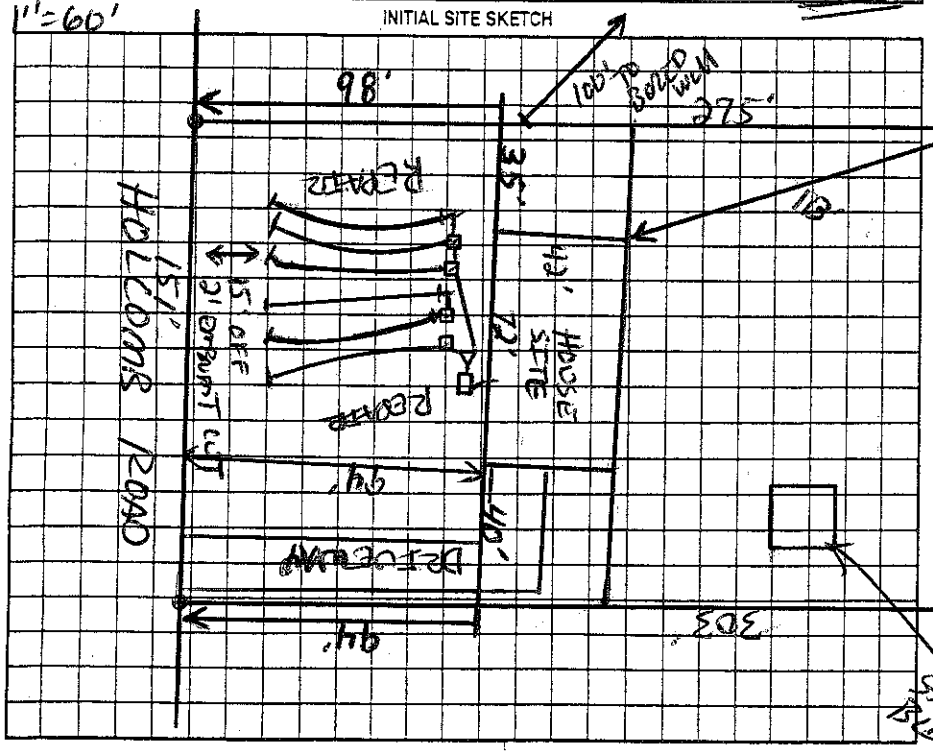
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS (2) INSTALL 6 LINE x 50' LONG USING ONE FLOW DIVIDER TEE & 4 DROP BOXES; (3) CALL PRIOR TO INSTALLATION FOR FLAGOUT; SYSTEM MAY BE

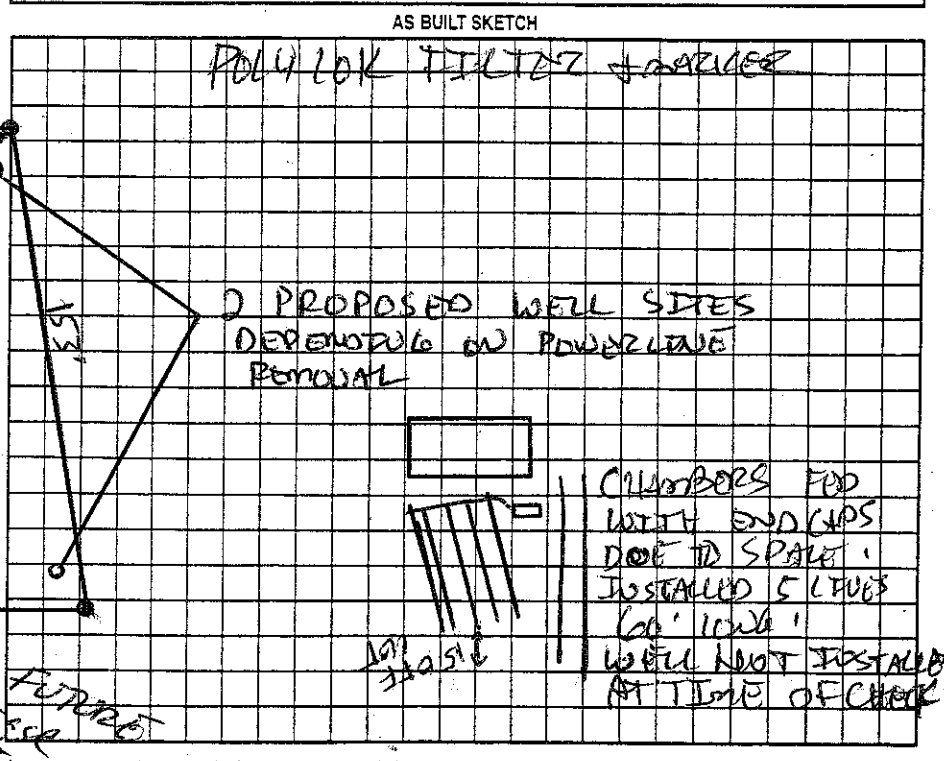
Comments/Conditions: CHANGED TO 5x60 LINES IF ENOUGH SPACE IS AVAILABLE AFTER SIDEWALK LOCATION IS DETERMINED

INITIAL SITE SKETCH

1"=60'



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 plan 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: Sharon Duncan date 4/19/06

Improvement Permit by: [signature] date 4-18-06

Authorization to Construct by: [signature] date 4-18-06

Installed by: STA GASKINS

Operation Permit by: [signature] date 8-28-06

Existing System Inspection by: _____ date _____

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