IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281

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

PERMIT# 130044 PIN# 4864-70-0393 DATE 8-8-05

OWNER OR CONTRACTOR WILLA MAE TRIVETTE PHONE: Business c/o 704-873-2547 Home 704-876-3807

ADDRESS 170 OLD WESLEY ROAD, HAMPTONVILLE, NC 27020

LOCATION UNION GROVE ROAD TO OLD WESLEY ROAD, 0.3 MI TO WESLEY CHAPEL UMC, 0.1 MILE BEHIND CHURCH

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 100.531 ACRES SITE CLASS. PP DESIGN FLOW 240' L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 12-15-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI (c)

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

Comments:/Conditions: (1) KEEP SYSTEM MINIMUM 100 FEET FROM WELL (2) INSTALL DRAINLINES ON CONTOUR

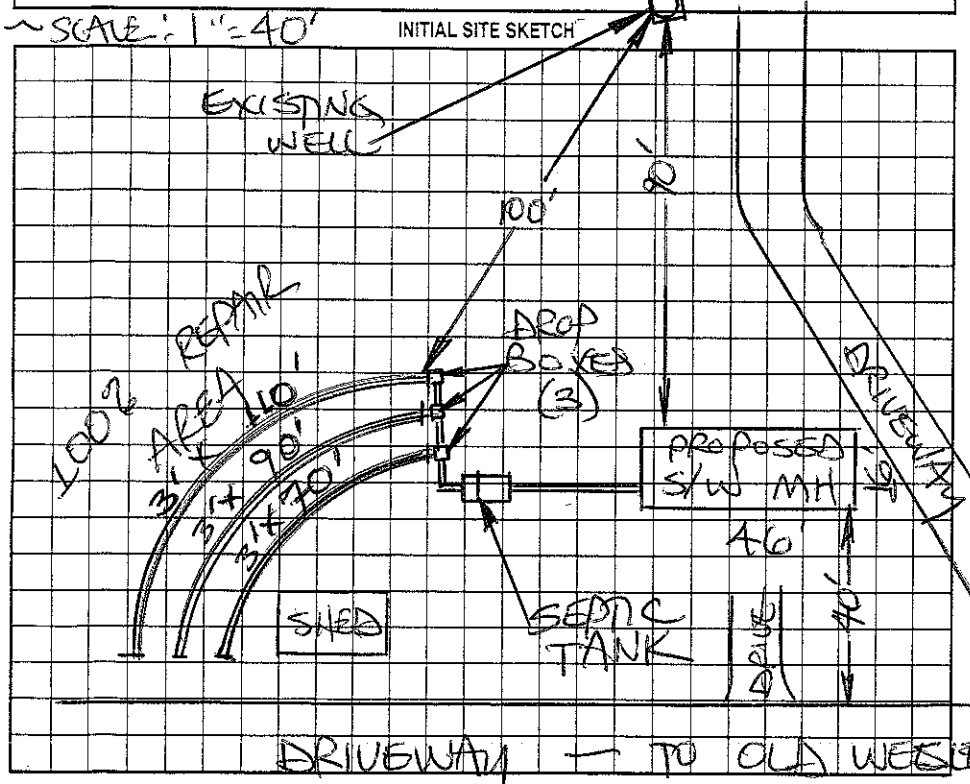
EXISTING S/W MH

Comments:/Conditions: (3) AN ACCEPTED SYSTEM MAY ALSO BE USED.

SEPTIC TANK W/ MARKER & RED "POLYLOK" FILTER RISERS

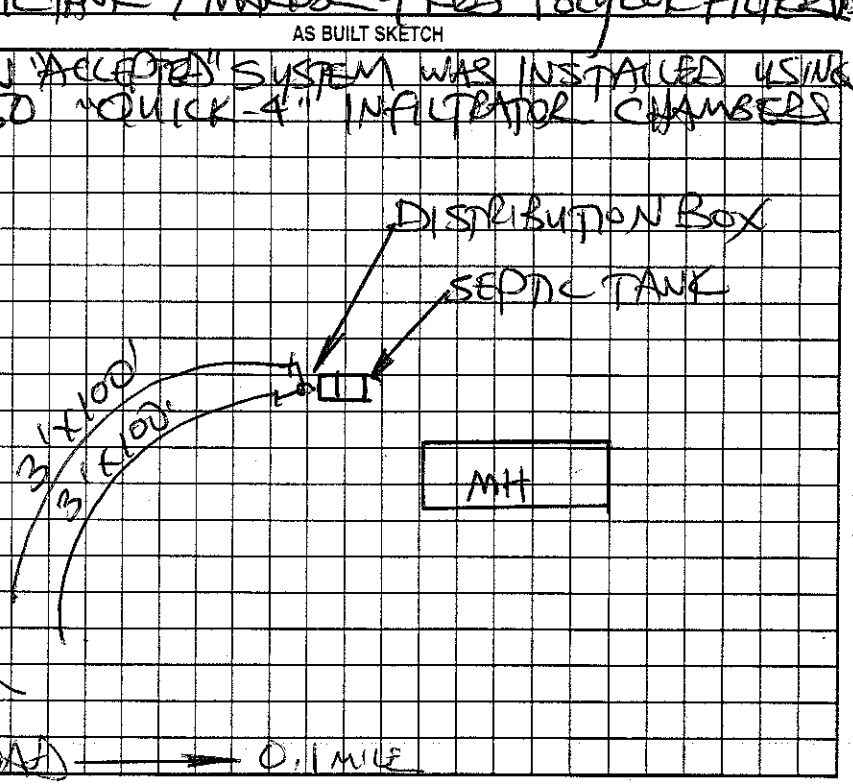
~SCALE: 1"=40'

INITIAL SITE SKETCH



AS BUILT SKETCH

AN "ACCEPTED" SYSTEM WAS INSTALLED USING 50 "QUICK-4" INFILTRATOR CHAMBERS



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: ____ date 8-15-05 Installed by: BARRY SIGMON

Improvement Permit by: STEVE HEDRICK date 8-8-05 Operation Permit by: STEVE HEDRICK date 9-1-05

Authorization to Construct by: STEVE HEDRICK date 8-12-05 Existing System Inspection by: ____ date ____

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