IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 126279 PIN# 4883-~~52-2192~~ 423188 DATE 3-8-05

OWNER OR CONTRACTOR SCOTT BROWN PHONE: Business (704)872-8171x178 Home (704)881-2378

ADDRESS 137 DAWNWOOD LN STATESVILLE 28677

LOCATION US 21N CROSS HWY 901 TR E, HOUSTONVILLE TL NORTH MEADOW 0.8 MI PROPERTY ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 17.587 SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/Ft²

Septic Tank: 1000 Gallons; STB 1007 Date 2-12-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

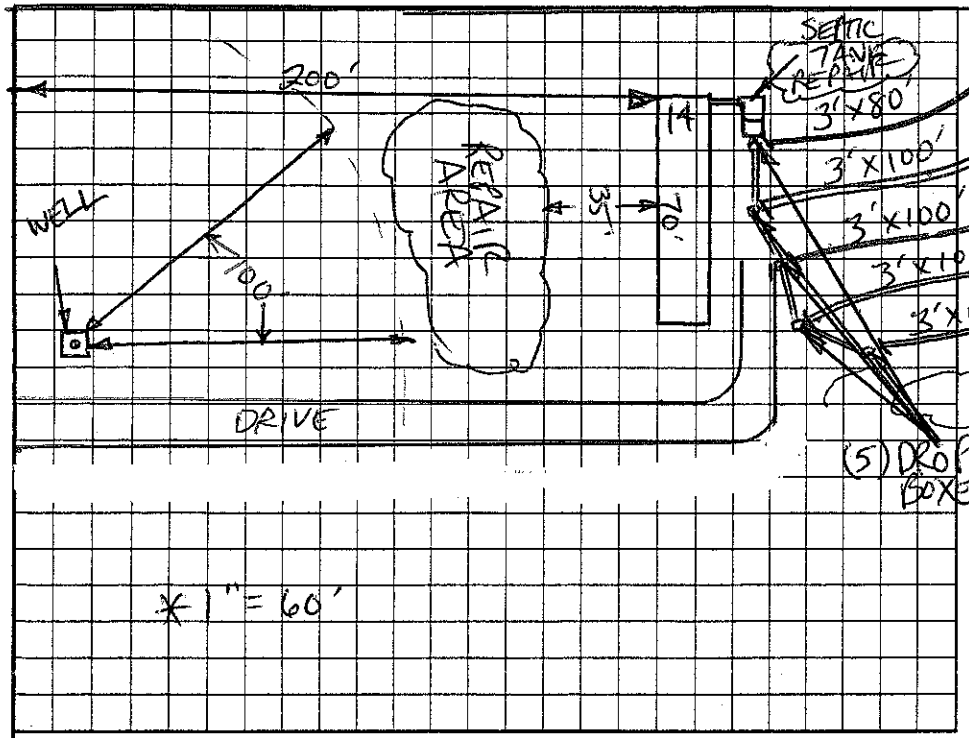
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

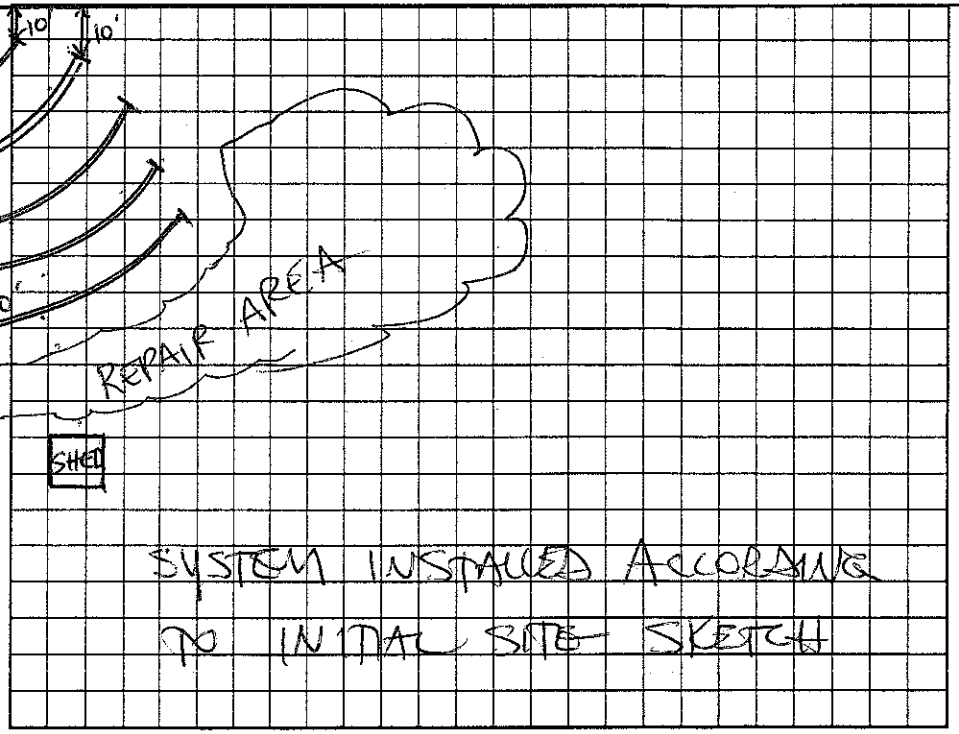
Comments:/Conditions: ① INSTALL LINES 24" ON CONTOUR
② MAINTAIN SETBACKS

Comments:/Conditions: SEPTIC TANK WITH MARKER
INSTALLED USING "ZABEL" FILTER

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: Scott Brown date 3-10-05 Installed by: UNION GROVE SEPTIC

Improvement Permit by: Christopher M Shaw LS LSC date 3-8-05 Operation Permit by: STEVE HENDRICK date 4-12-05

Authorization to Construct by: Christopher M Shaw LS LSS date 3-8-05 Existing System Inspection by: _____ date _____

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