IREDELL COUNTY HEALTH DEPARTMENT

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

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

(V)

PERMIT# 103687 PIN# 4891-55-8128 DATE 12-17-01

OWNER OR CONTRACTOR DAVID T. LIGON PHONE: Business _____ Home (336) 492-7197

ADDRESS 1446 BEAR CREEK ROAD, LOW GAP, NC 27024

LOCATION US 21 N, TR POWELL BRIDGE RD, TR HAMLET ROAD, TL ROCK SPRINGS RD, 0.1 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.36 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT2

Septic Tank: 1000 Gallons; STB 760 Date 1-25-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

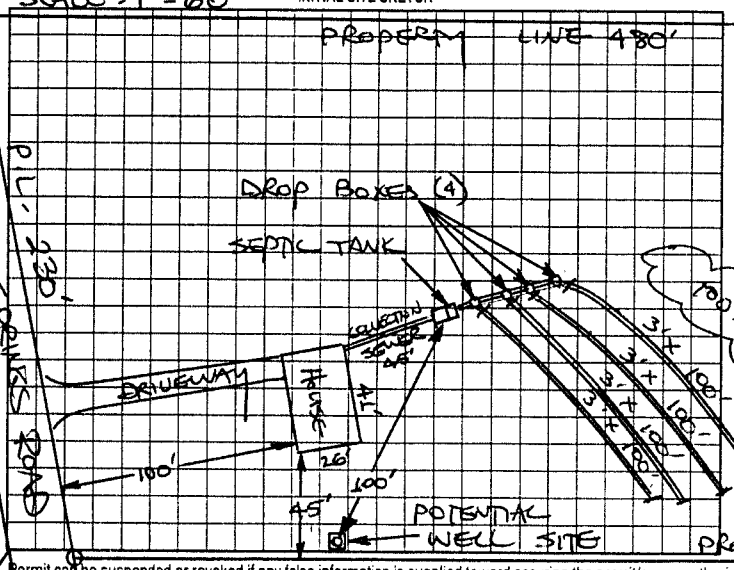
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other FUTURE 3 BR

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

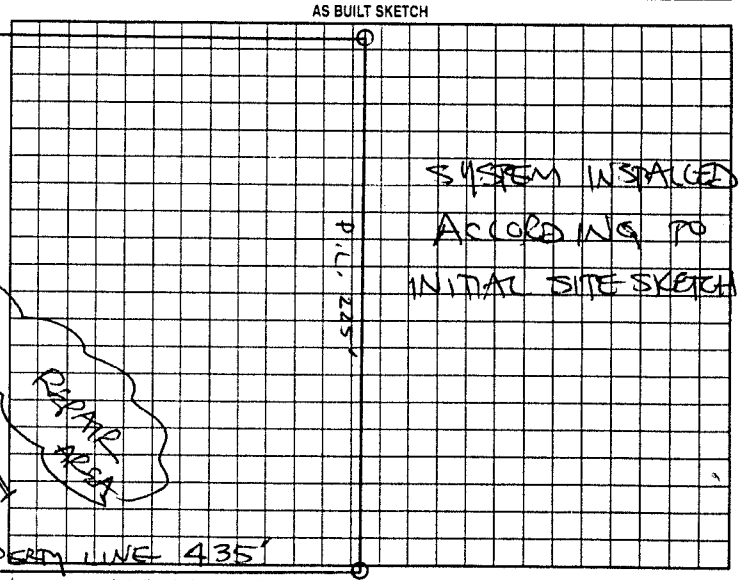
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

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

SCALE: 1"=60' 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: X _____ date 12/17/01 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 12-17-01 Operation Permit by: STEVE HEDRICK date 5-2-02

Authorization to Construct by: STEVE HEDRICK date 12-17-01 Existing System Inspection by: _____ date _____

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