IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81741 PIN# 3785324272 DATE June 11, 99

OWNER OR CONTRACTOR 552 Bullock Rd Statesville NC PHONE: Business 872 7524 Home 704 552 4272

ADDRESS Timothy (Scott) Elder

LOCATION Slater Sch Rd ② County Line Rd ③ Bullock on Right post 1st Road on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.3 Ac SITE CLASS 25 DESIGN FLOW 360 L.T.A.R. 1.5

Septic Tank: 1000 Gallons: STB 1007 Date 12 8 99
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 180 Linear Feet 400
No Lines 4@ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Conv. Gravity
Repair System Description: Conv. Gravity
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

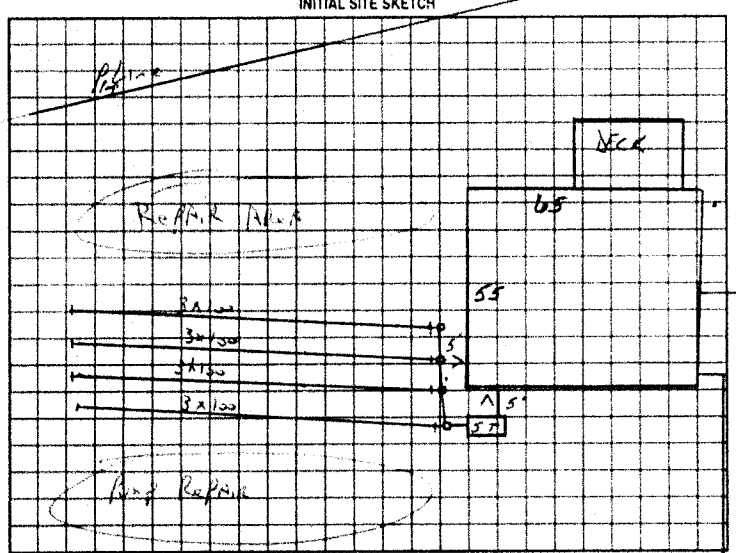
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

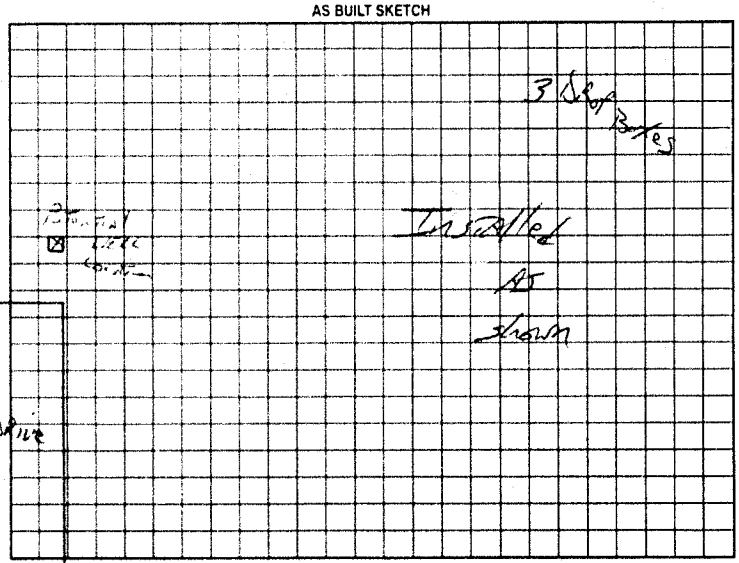
Comments /Conditions: Install Lines on contour
Could use 3 flow divider Tees if desired
Maintain all setbacks from house, well & drip lines

Comments /Conditions

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: Timothy S. Elder date 6-14-99

Improvement Permit by: C. Potter date June 17 99

Authorization to Construct by: C. Potter date June 17 99

Installed by: S. Greene

Operation Permit by: C. Potter date March 1-2000

Existing System Inspection by: _____ date _____

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