# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 61370 PIN# 462406466 5 DATE 2/29/00

OWNER OR CONTRACTOR DOUG POTTER PHONE: Business _____ Home _____

ADDRESS 5701 PRESTON LN

LOCATION BRANCH SCHOOL - SR TUSKAROCA - TR BAL MORAL CT

SUBDIVISION MECKNECK BLOCK / SECTION 6 LOT 218 LOT AREA ~ .68AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 12

Pump Tank: 1000 Gallons; PT 283 Date 12/9/00

Pump Make: GOULDS Model WE0-312M Serial No. 4127100

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP 450/0 Reduction

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ~~☐ No~~

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

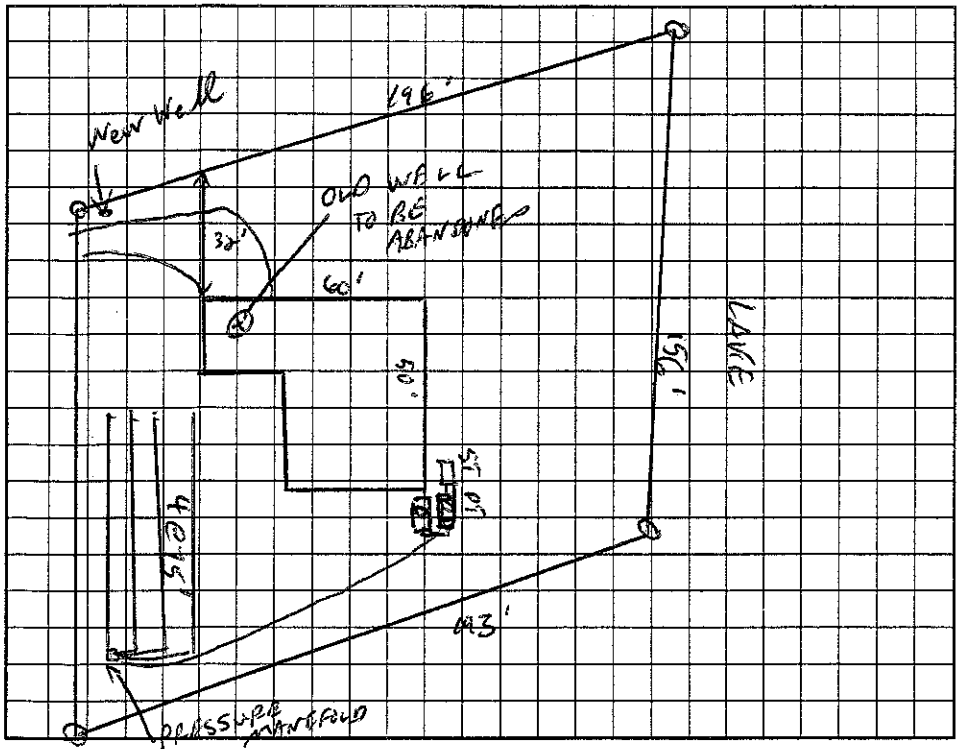
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: OLD WELL TO BE ABANDONED.

Comments:/Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH

System Installed as Drawn

Old Well is greater than 50' from system

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 3/6/00 Installed by: Stanley Septic Service

Improvement Permit by: C. Gray Jones date 2/29/00 Operation Permit by: _____ RSE date 3/6/01

Authorization to Construct by: C. Gray Jones date 2/29/00 Existing System Inspection by: _____ date _____

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