IREDELL COUNTY HEALTH DEPARTMENT

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

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

$30.00 paid 4.00

PERMIT# 125667 PIN# 4638978799 DATE 2-11-05

OWNER OR CONTRACTOR Nelson Dellinger Building/John Morris PHONE: Business 902-0429 Home 876-4387

ADDRESS 304 Bowles Farm Rd Statesville, NC 28625

LOCATION Perth Rd TR Cornelius Rd, TL Mills Pond Rd at end

SUBDIVISION Mills Forest West BLOCK / SECTION ____ LOT 19 LOT AREA .77 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-28-05

Pump Tank: 1000 Gallons; PT 17-1000 Date 6-12-05

Pump Make: Gould's Model WE03111M Serial No. ____

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 ____

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump-25% to 50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

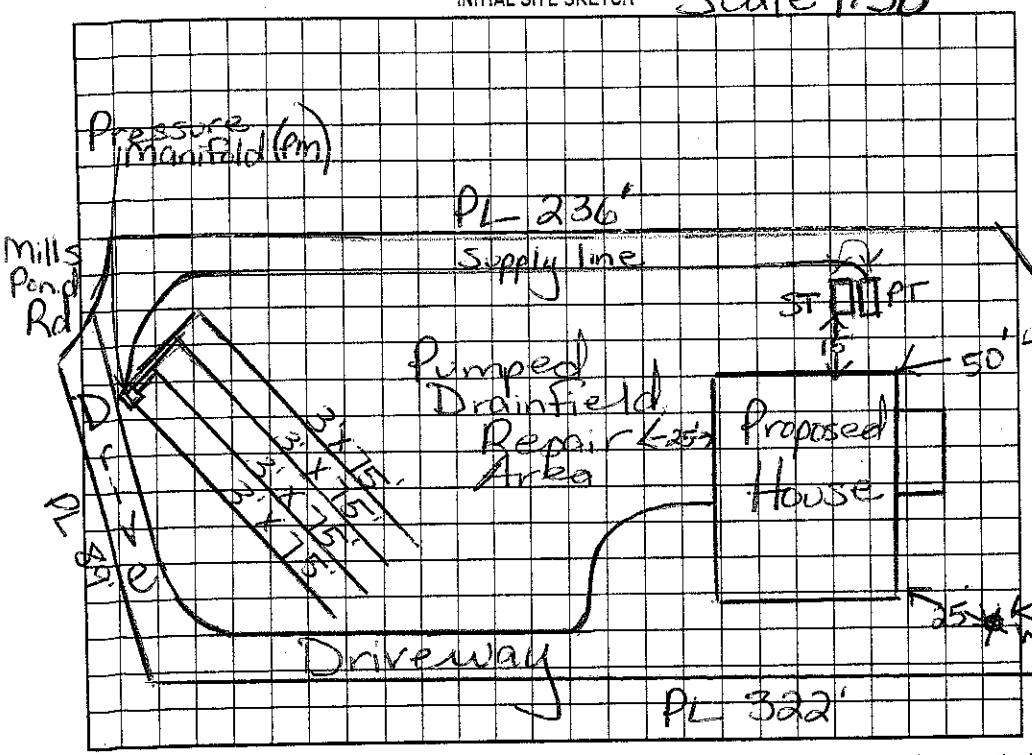
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' From PL, 50' from lake & >50Ft from well

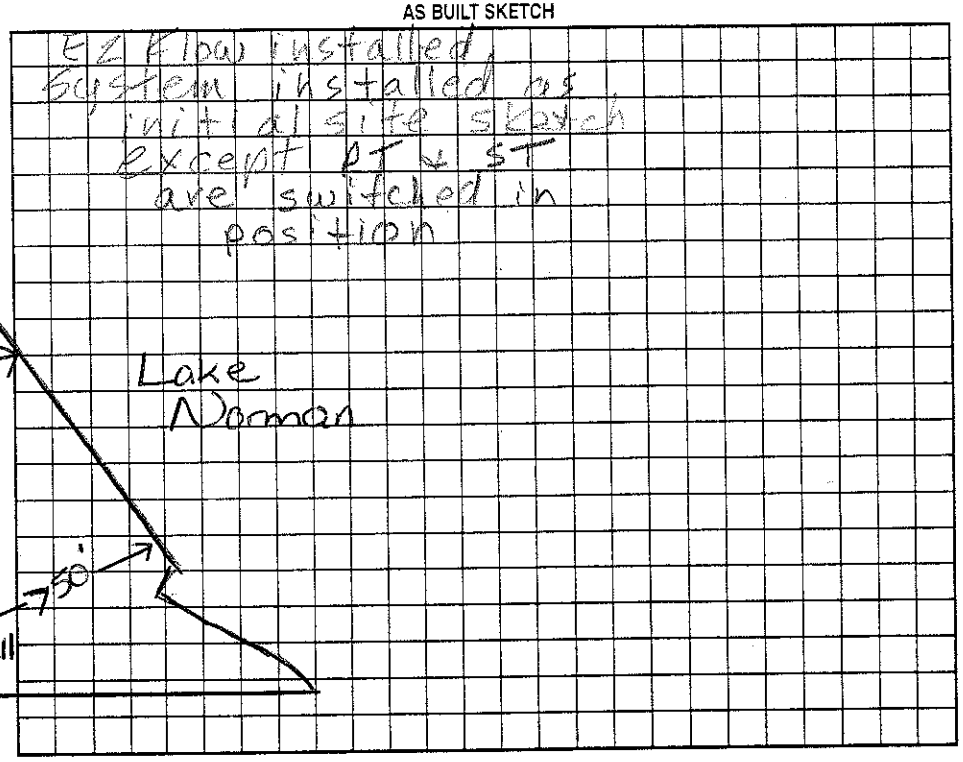
Comments:/Conditions: Septic Tank w/ mast set shallow to flow to the filter

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

EZ Flow installed system installed as initial site sketch except PT & ST are switched in position



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 3-16-05 Installed by: Craig Thompson

Improvement Permit by: Marina Dotson RS date ____ Operation Permit by: ____ date ~~6-20-05~~

Authorization to Construct by: Marina Dotson RS date ____ Existing System Inspection by: Marina Dotson date 10/20/05

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