IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101348 PIN# 4639883809 DATE 8-7-2001

OWNER OR CONTRACTOR Susan Kennedy (Vanderbuilt West) Vinnie PHONE: Business 528-3320 Home 902-4766

ADDRESS 112 Guyster Cove Saleads Ferry NC 28460

LOCATION Perth Rd N. TL Neil Farm Rd approximately 1/4 mile on left (171 Neil Farm Rd)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-3-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Gravity/Pump, Shallow Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 3

[ ] Business No. Employees ____

[ ] Other _____

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

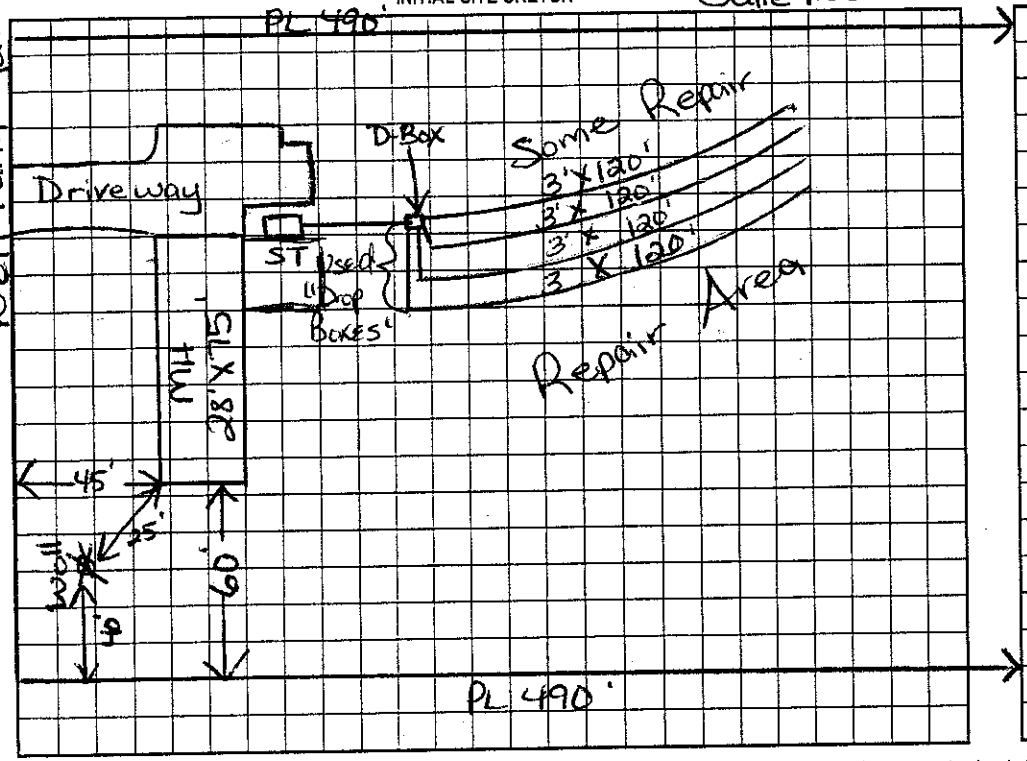
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from House & 50' from any well.

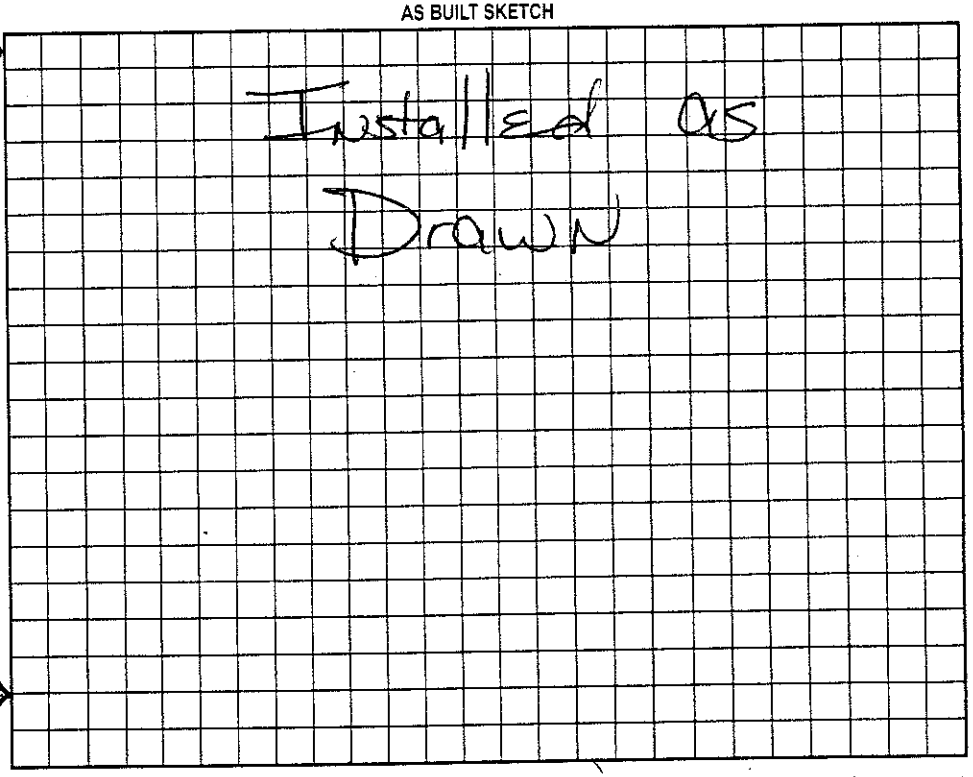
Comments:/Conditions: Polylok filter installed

* Well not installed at time of inspection

INITIAL SITE SKETCH Scale 1:60



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: _____ date 8-8-01

Improvement Permit by: Maria H. Dotson RS date 8/7/2001

Authorization to Construct by: Maria H. Dotson RS date 8/7/2001

Installed by: A-1 Backhoe

Operation Permit by: Maria H. Dotson RS date 8/13/2001

Existing System Inspection by: _____ date _____

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