Addition/Repair

IREDELL COUNTY HEALTH DEPARTMENT

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

E

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

PERMIT# 100075 PIN# 4645340897

OWNER OR CONTRACTOR Stephen Gress PHONE: Business 454-5788/201-9962 (Builder) Todd Yelton DATE 5-14-2001

ADDRESS 248 Queens Cove Rd Mooresville NC 28117 Home 660-1813

LOCATION Williamson TL Alcove TR Templeton TL Hagwell TR Queens Cove Rd

SUBDIVISION Queens Cove BLOCK / SECTION 1 LOT 19 LOT AREA .83 Acre SITE CLASS. P5 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 270' Linear Feet 90'

No Lines 1-90' Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 12"+

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

System Description: Addition Gravity-Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3.5 No. Employees ____

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

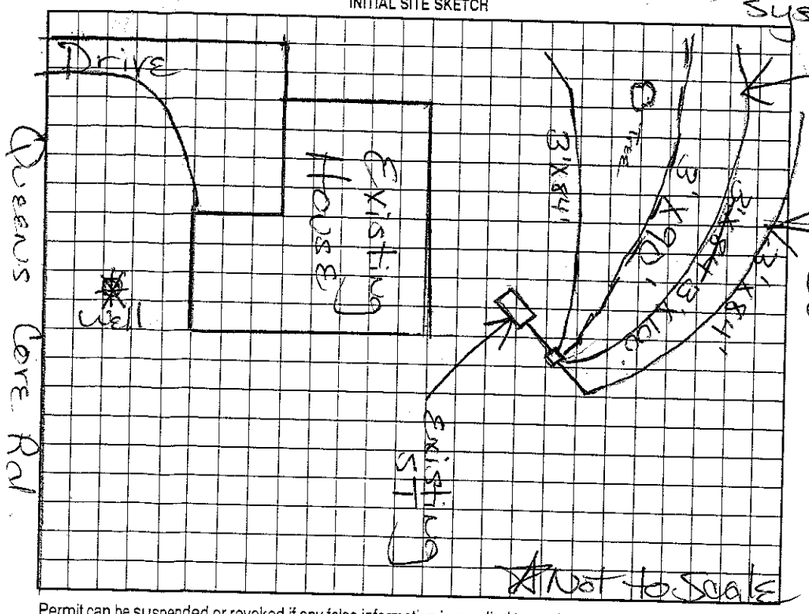
Water Supply: ☒ Individual ☐ Public ☐ Community

Install

Comments:/Conditions: Existing Drainfield Needs to be "Terra-lifted" and Septic Tank(ST) Pumped out. Install 1-90' drainline between 2nd & 3rd drainlines of existing System.

Comments:/Conditions: Keep New drainline at least 5' from Property line & 50' from Lake "Replaced Sanitary "T"

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 Jeffrey Todd Yelton date _____ Installed by: Wayne Grant

Improvement Permit by: Maria H. Colson RS date 5/14/2001 Operation Permit by: Maria H. Colson RS date 9/10/2001

Authorization to Construct by: Maria H. Colson RS date 5/14/2001 Existing System Inspection by: _____ date _____

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