9:15 am

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074090 PIN# 4645370034 DATE 1/28/99

OWNER OR CONTRACTOR TIMOTHY SLAY PHONE: Business _____ Home _____

ADDRESS 203 AURA LN HUNTERSVILLE NC 28078

LOCATION ALCOVE - TEMPLETON TL CAMINO REAL - TL QUEENS COVE 3rd on LT 141 Queens Cove

SUBDIVISION QUEENS COVE BLOCK / SECTION 3 LOT 20 LOT AREA _____ SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .30 mm/ft

Septic Tank: 1000 Gallons; STB 794 Date 3/20/99
Pump Tank: 1000 Gallons; PT 1827 Date 7/20/99
Pump Make: HYDROMATIC Model SITEFSOAI Serial No. 6199
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4@133' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

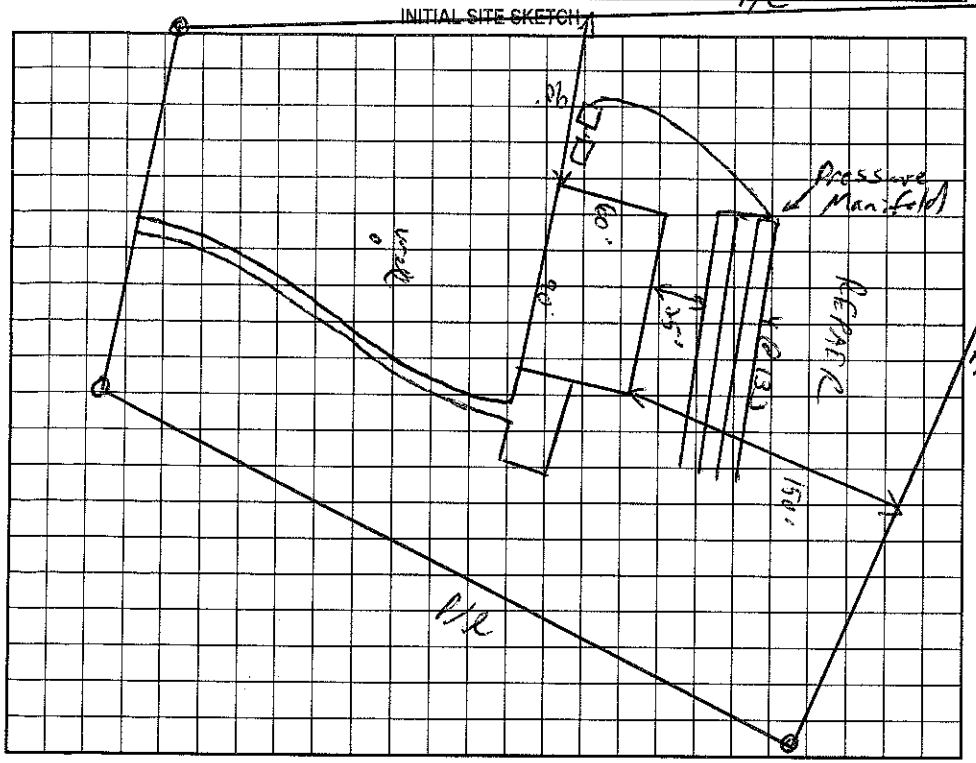
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

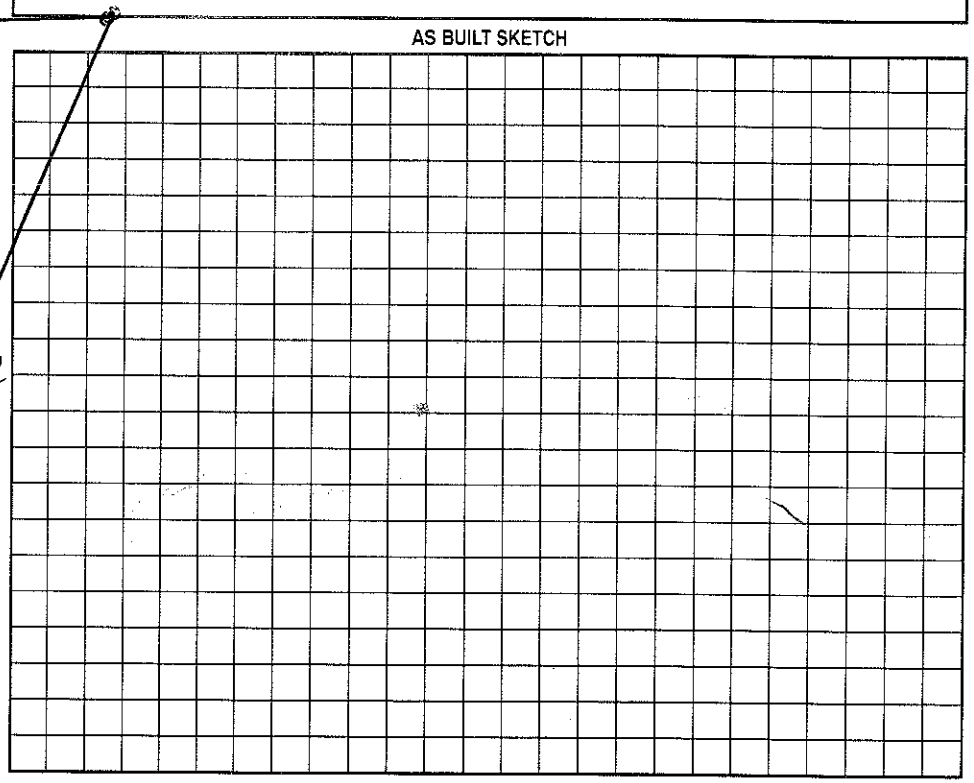
Comments:/Conditions: Filter & riser installed

Comments:/Conditions: Tanks & lines Checked 8/27/99 mo
Well installed as drawn.

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 B. Slay date 8/10/99

Improvement Permit by: C. Yates RS date 1/28/99

Authorization to Construct by: C. Yates RS date 1/28/99

Installed by: Wayne Dobson

Operation Permit by: Wesley Sparks R.S. date 9/10/99

Existing System Inspection by: _____ date _____

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