IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140346 PIN# 4649769314 DATE 2-2-07

OWNER OR APPLICANT Rick Elliot PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Hwy 21 N, LT Flower House Rd LT Rankin Hill LT on Thoroughbred Ln 1st Driveway on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 79 LOT AREA .690 Acre SITE CLASS. P.S DESIGN FLOW 360gpd 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 ___ Square Feet 900 total Linear Feet ± 100'
No Lines ± 1@100' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☒ Expansion System Type: ☐ I ☐ II ☒ IV ☐ V ☐ VI
System Description: Gravity - 600 60% Red
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ___
☒ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community — Existing well being used

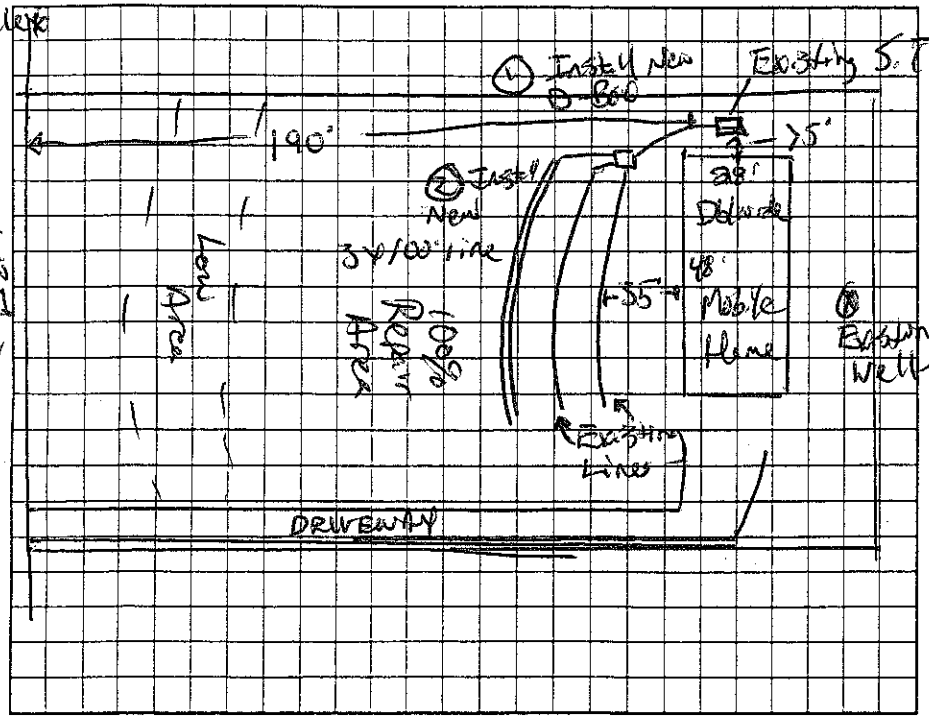
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: - Follow steps for Installation
- 2 Bedroom Existing System - adding to doublewide / 3 bedroom system ± 1 line
- New line to be on contour @ 100' Ft

Comments:/Conditions:

INITIAL SITE SKETCH

NOT Drawn to scale



AS BUILT SKETCH

- Installed 100' of Quick 4's
- used existing D-box (in good condition) and added 3rd outlet

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 02/02/07 Installed by: Craig Thompson

Improvement Permit by: Josh E Allen date 2-2-07 Operation Permit by: Josh E Allen date 2-16-07

Authorization to Construct by: Josh E Allen date 2-2-07 Existing System Inspection by: _____ date _____

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