IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 110869 PIN# 4656 00 4971 DATE 2/7/03

OWNER OR CONTRACTOR Theresa Sloan PHONE: Business _____ Home 704-838-0652

ADDRESS 618 Chel Dr. Statesville, NC. 28677 145 Crossroad Rd.

LOCATION 1155 TR Leslie Lp. TR Crossroad Rd., to 145 on (R) before end.

SUBDIVISION Houston BLOCK / SECTION _____ LOT 91 LOT AREA .46 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 799 Date 1/28/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300*
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: DropBox-Typ 3
Repair System Description: Pressure-Typ 3
Maintenance Agreement Required: [ ] Yes [X] No

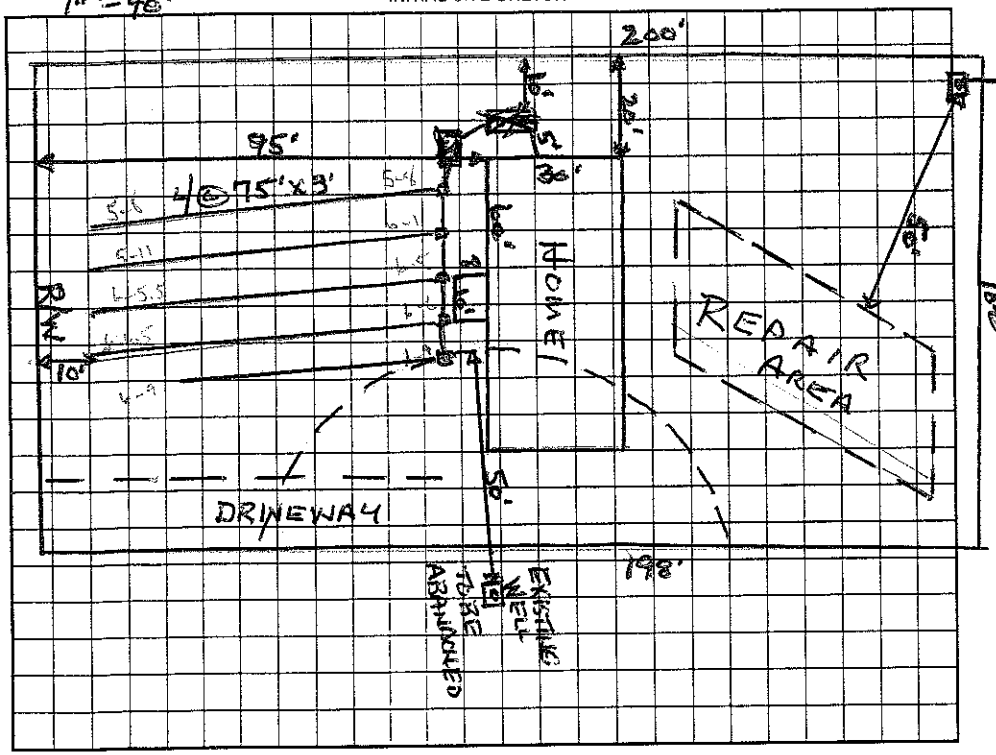
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

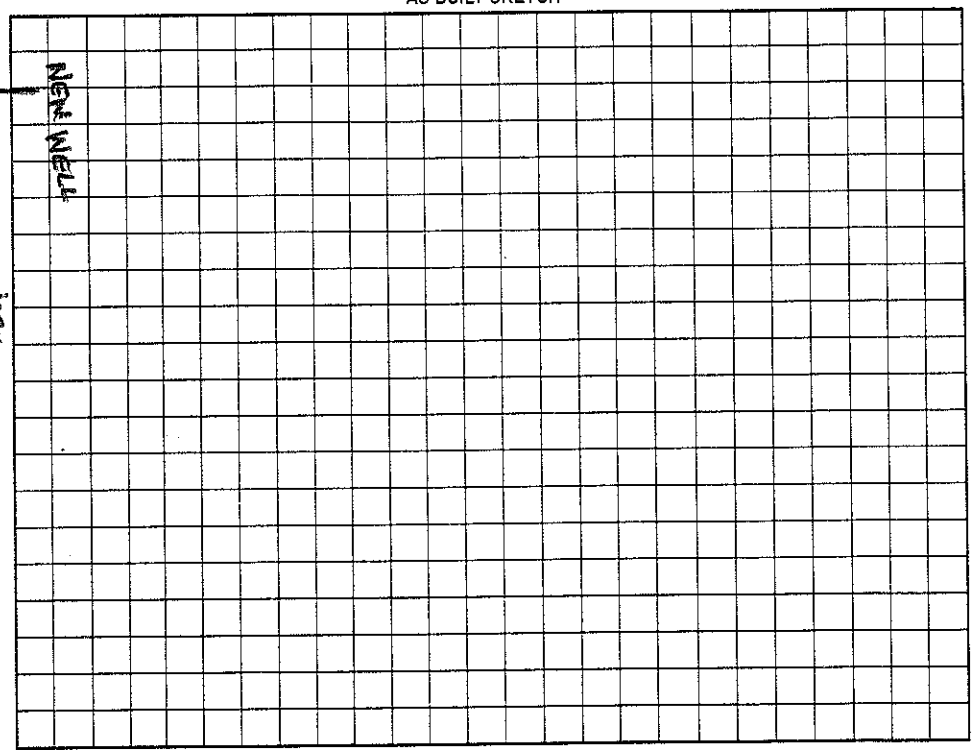
Comments/Conditions: (1) EXISTING WELL MUST BE PROPERLY ABANDONED AND NEW WELL DRILLED AS SHOWN ON THIS PERMIT. (2) HOME LOCATION SHIFTED - FOLLOW DIMENSIONS SHOWN ON THIS PERMIT

Comments/Conditions: Surface water installed 5@60'x3' Lines shortened due to home being located too close to road R/W by HH crew.

1" = 40' 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: Theresa Sloan date _____

Improvement Permit by: Wesley Sparks R.S. date 2/7/03

Authorization to Construct by: Wesley Sparks R.S. date 2/7/03

Installed by: FJ Smith

Operation Permit by: Wesley Sparks R.S. date 7/23/03

Existing System Inspection by: _____ date _____

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