IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175 MOORESVILLE 704-664-5281

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

PERMIT# 7771 (92202) PIN# ~~4656 00 1689~~ 4656 01 2014 DATE 6/27/00

OWNER OR CONTRACTOR Ross Elliott, Larry Houston PHONE: Business _____ Home 663-5628

ADDRESS 155 Cunsnail Rd. Mocksville, NC. 28115

LOCATION 115-215 TR Leslie Loop TR Cunsnail on L on end TL at 155 follow drive near

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~6.0 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/22/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5@106'83' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: Serv. Conventional
Repair System Description: None
Maintenance Agreement Required: [ ] Yes [X] No

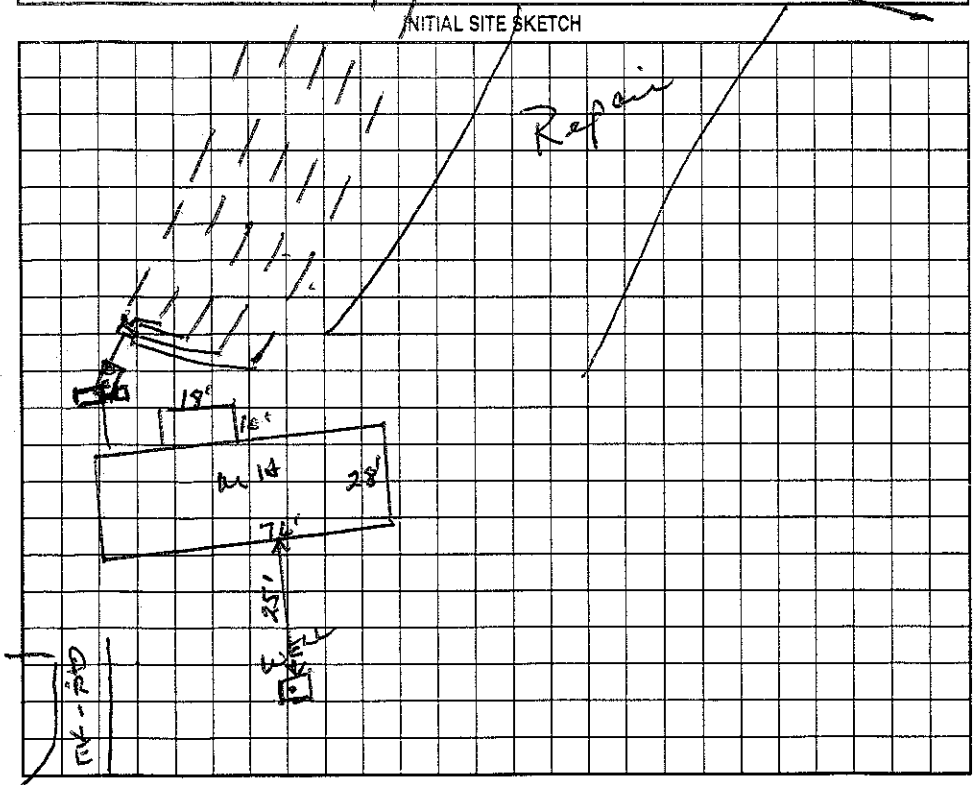
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

P/L

INITIAL SITE SKETCH



Comments:/Conditions:

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: * Ross E. Elliott date 6/29/00

Improvement Permit by: Wesley Sparks R.S. date 6/27/00

Authorization to Construct by: Wesley Sparks R.S. date 6/27/00

Installed by: Craig Thompson.

Operation Permit by: Wesley Sparks R.S. date 7/12/00

Existing System Inspection by: _____ date _____

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