IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13008 PIN# 4701783172 DATE 8-1-05

OWNER OR CONTRACTOR Bobby Pope PHONE: Business 704-876-1080 Home 704-880-7446

ADDRESS 200 Canal Drive Statesville NC 28679

LOCATION I40W - Onto - Lewis Ferry RD - Cross Eutola - TR Canal on TR

SUBDIVISION Upper Lake BLOCK / SECTION ____ LOT 5 LOT AREA .936 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB .812 Date 10-18-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 480

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Red

Repair System Description: Gravity 50% red

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

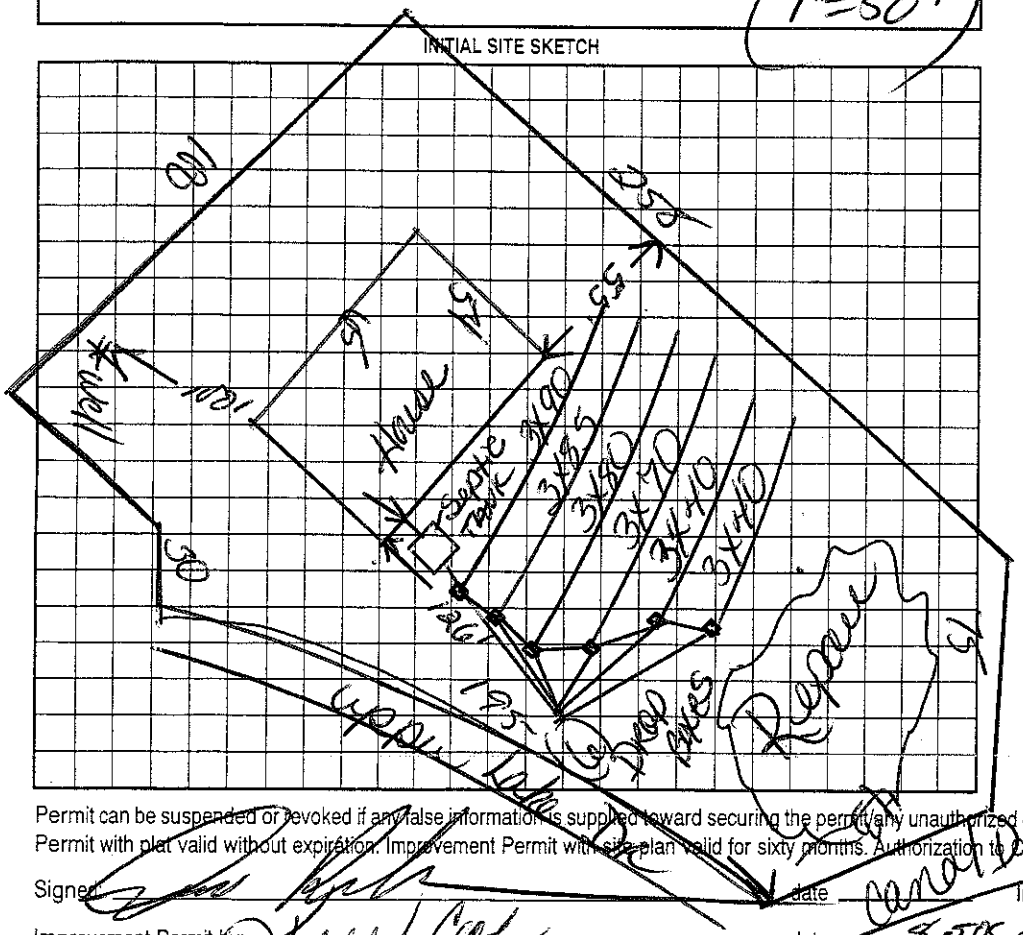
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Install as contour Maintain 100' from well

Comments:/Conditions: Can go within 50' of septic system with well

INITIAL SITE SKETCH



AS BUILT SKETCH

Septic tank - Made Yellow Tuff Lite Filter

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 ____ Installed by: Esker Elder

Improvement Permit by: Kelly Cox date 8-5-05 Operation Permit by: Kelly Cox date 6-15-06

Authorization to Construct by: Kelly Cox date 8-5-05 Existing System Inspection by: ____ date ____

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