IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79839 PIN# 4702 75 8344 DATE 3 29 99

OWNER OR CONTRACTOR Michael Pate PHONE: Business _____ Home 704 876 6791

ADDRESS 206 11 Pisgah Ridge CR. Hiddenite NC

LOCATION Eufola Rd (R) Barbary on Right Lansdowne

SUBDIVISION Lansdowne BLOCK / SECTION _____ LOT 51 LOT AREA 1.08Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1512 Date 2-4-'99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. 300 25% Red.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet _____
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Reduction GRAVITY
Repair System Description: 25-50% Red. Gravity/Pump
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth Sand 6" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

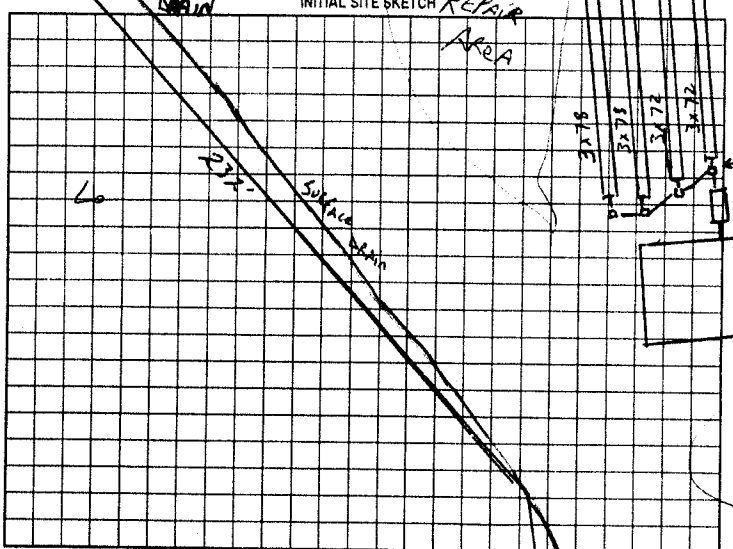
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

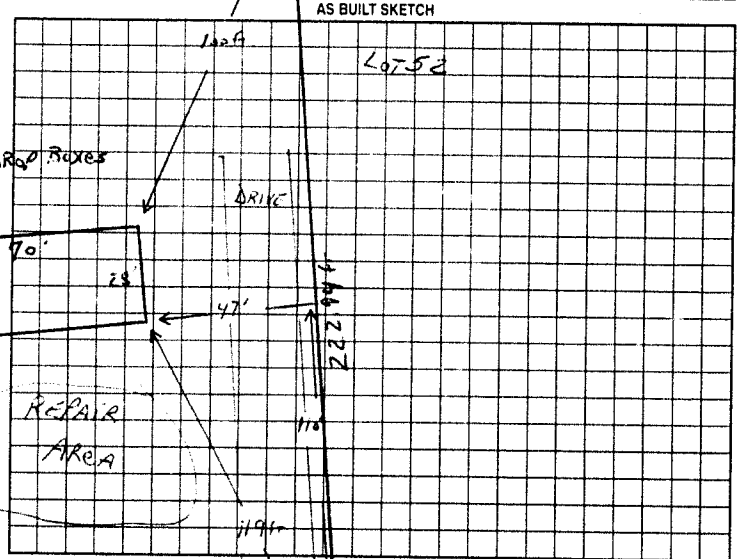
Comments/Conditions: 50 Chambers or 30 HS Sections 2999 Gal Septic Tank
Divert surface water away from septic system. Locate septic tank as far up slope as possible and keep system

Comments/Conditions
out of cut area

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: Rick Pate

Improvement Permit by: Lyc Potter date 3 29 99

Authorization to Construct by: Lyc Potter date 3 29 99

Installed by: _____

Operation Permit by: C&W Mark C. Outlaw RS date 4-14-99

Existing System Inspection by _____ date _____

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

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