CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139067 PIN# 4702-84-7833 DATE 11/30/06

OWNER OR APPLICANT FULL SPECTRUM PHONE: Business 704-400-7019 Home 704-528-3596

ADDRESS 155 EASTSIDE DR. STATESVILLE NC 28625

LOCATION I-40 W., (L) OLD MTN. RD., (R) CELESTE-EUFOLA RD., (R) EUFOLA RD., (L) DESIREE DR., LOT ON LEFT.

SUBDIVISION SHENANDOAH BLOCK / SECTION _____ LOT 7 LOT AREA 0.517 Ac. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. _____

Septic Tank: 1,000 Gallons; STB 55 Date 11-25-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ-to1310 Linear Feet 340'
No Lines 4@85' Trench Width 36" Trench Bottom Depth 24"

☒ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCT, GRAV./PUMP
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

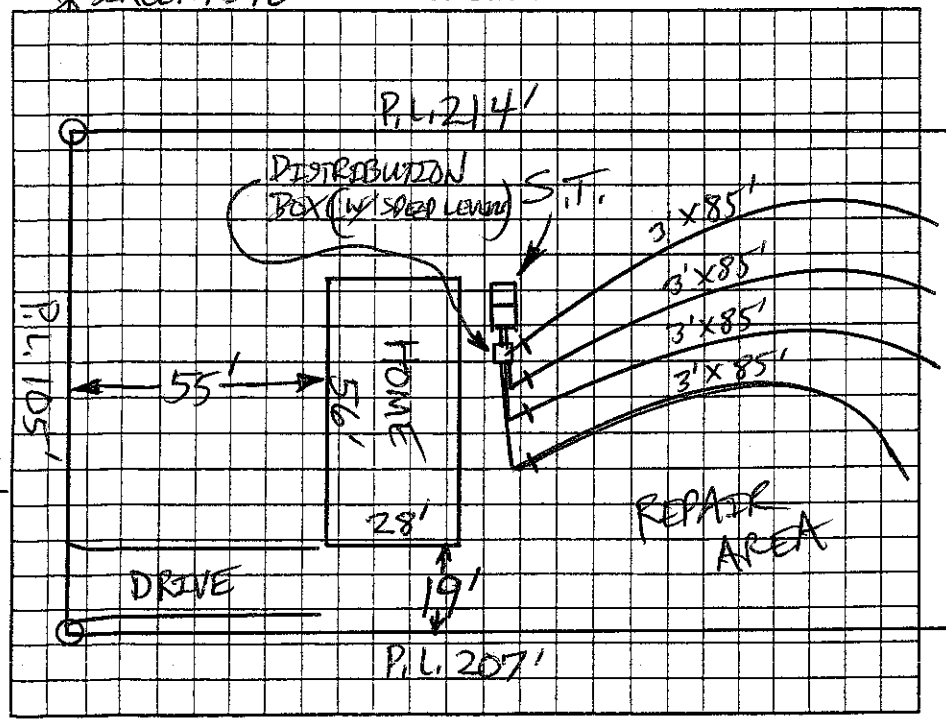
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) INSTALL SYSTEM USING 24" TRENCH BOTTOM DEPTH.

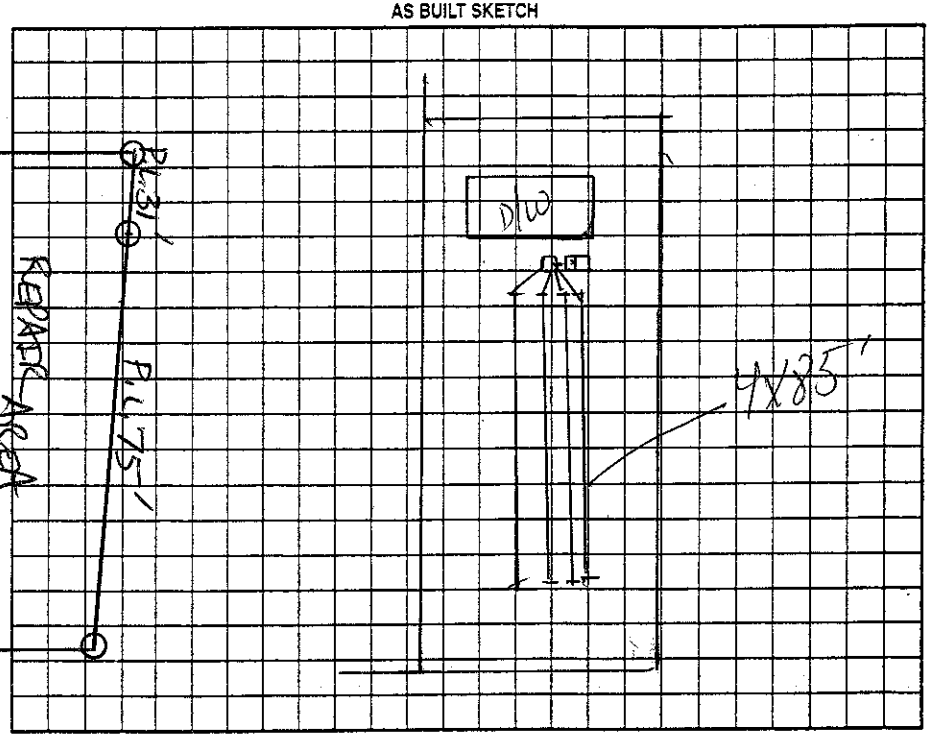
Comments/Conditions: 10' OFF MARKED P/L, CONTOURS
CHANGED AFTER CLEARING SLIGHTLY AS DRAWN
TOE TIDE FILL & MARKED
SPEED LEVELERS SET EQUAL

*SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH



DESIREE DR. R/W

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 12/1/06

Improvement Permit by: _____ date 11/30/06

Authorization to Construct by: _____ date 11/30/06

Installed by: BUCK GRADING & BACKHOE SERVICE

Operation Permit by: _____ date 1-11-07

Existing System Inspection by: _____ date _____

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