CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139066 PIN# 4702-84-7934 DATE 11/30/06

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

ADDRESS 155 EASTSIDE DR. STATESVILLE, NC

LOCATION I40 W., (L) OLD MTN. RD., (R) CELESTE-ELFFOLA RD., (R) ELFFOLA RD., (L) DESIREE DR., LOT ON LEFT.

SUBDIVISION SHENANDOAH BLOCK / SECTION ____ LOT 6 LOT AREA 0.55 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.275 GPD/FT²

Septic Tank: 1,000 Gallons; STB 55 Date 10-7-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ to 1,340 Linear Feet 340'

No Lines 4@85' Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUC., 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 ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

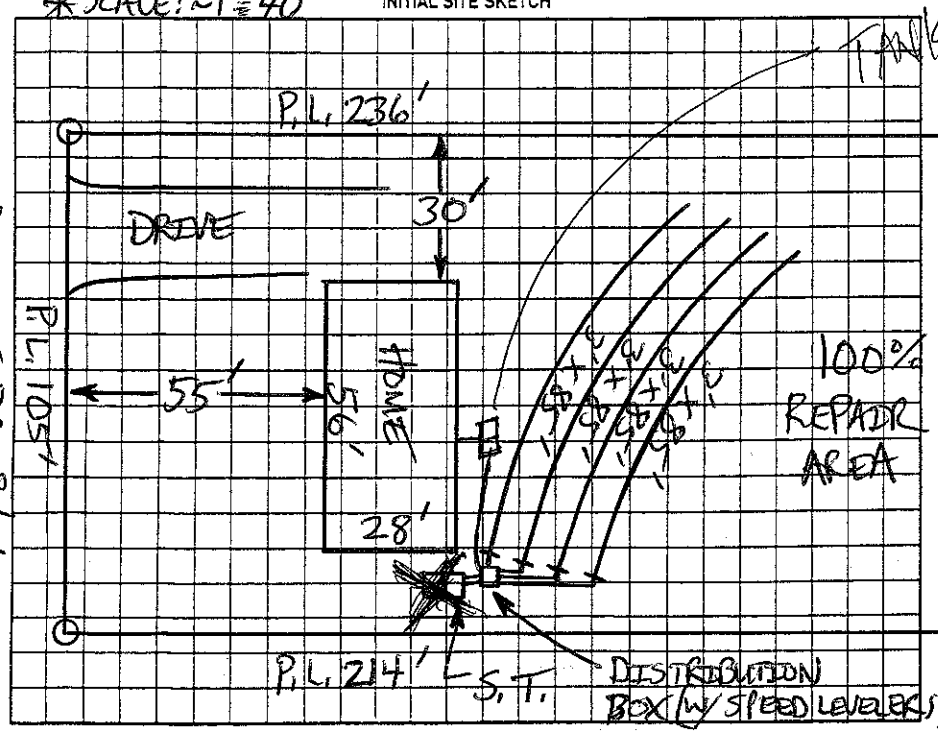
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) INSTALL SYSTEM USING 30" TRENCH BOTTOM DEPTH.

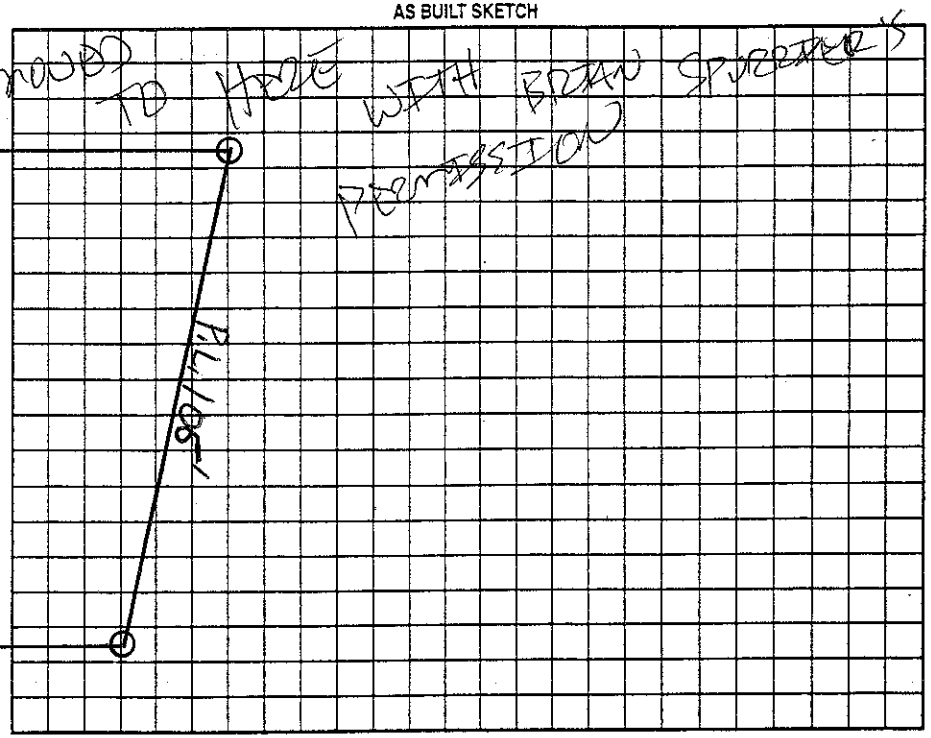
Comments/Conditions: TUFFTITE Filter & MALKER

*SCALE: ~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: ____ date 12/7/06 Installed by: BUCKS GRADING & BACKHOE SERVICE

Improvement Permit by: ____ date 11/30/06 Operation Permit by: ____ date 1-11-07

Authorization to Construct by: ____ date 11/30/06 Existing System Inspection by: ____ date ____

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