IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124131 PIN# 4702-94-~~9823.002~~ 8824 DATE 3-1-05

OWNER OR CONTRACTOR LARRY YOUNGER PHONE: Business (704) 880-9279 Home 873-9713

ADDRESS 95 EUFOLA RD. STATESVILLE NC 28677

LOCATION I-40 W TL OMR TR LEWIS FERRY TL EUFOLA PROPERTY ON ~~RT~~ LEFT @ BOX # 943

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.59 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 610 Date 06/27/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 20"

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

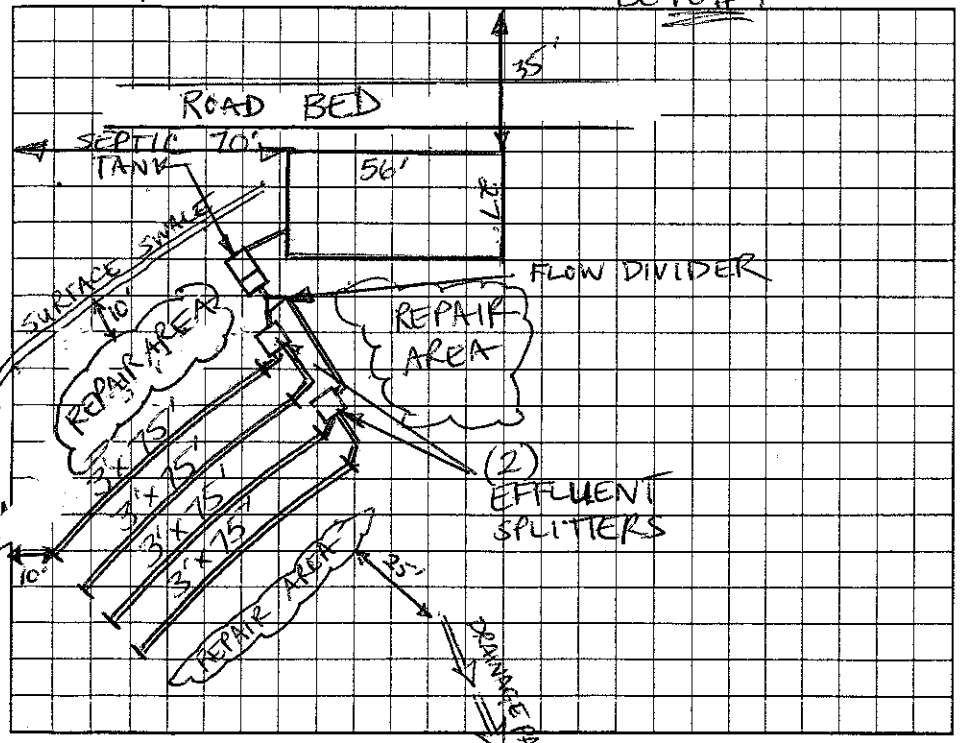
No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

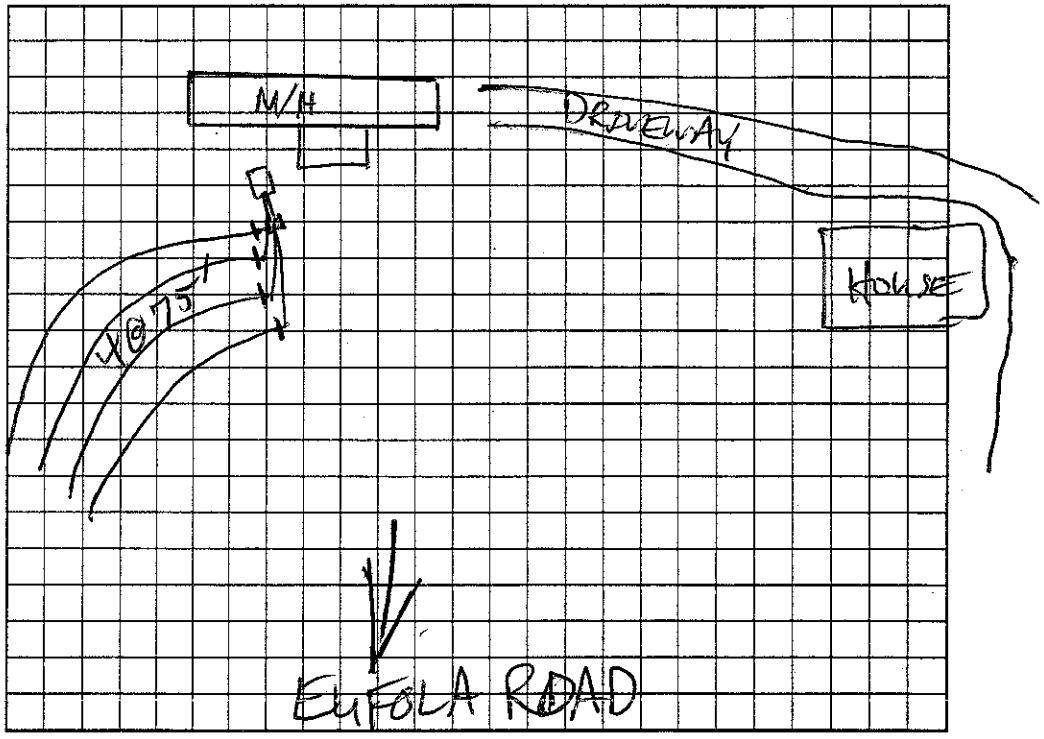
Comments:/Conditions: (1) INSTALL 20" ON CONTOUR (2) MAINTAIN SETBACKS (3) INSTALL SURFACE SWALE AS SHOWN (4) NOTE: MOBILE HOME MUST BE SET UP PRIOR TO INSTALLATION OF SYSTEM, OR PERMIT WILL BE VOID.

Comments:/Conditions:

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: Melinda Younger date 3-2-05

Improvement Permit by: Christopher M. Shenk IRSLSS date 3-1-05

Authorization to Construct by: Christopher M. Shenk IRSLSS date 3-1-05

Installed by: ABEE GRADING

Operation Permit by: _____ date 11/02/06

Existing System Inspection by: _____ date _____

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