IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (C1)

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

PERMIT# 138911 PIN# 4703-38-9922 DATE 10-25-06

OWNER OR APPLICANT GERALD CRAIG SUMMERS PHONE: Business _____ Home 704-585-2588

ADDRESS 144 INCH-A-LONG DRIVE, STATESVILLE NC 28625

LOCATION I-40 WEST TL OLD MOUNTAIN RD, TR BEULAH CH. RD, CONTINUE MOCK MILL RD, TL ASHLEY BROOK

SUBDIVISION MOCK MILL RUN BLOCK / SECTION _____ LOT 40' LOT AREA 100' X 205' SITE CLASS. PS DESIGN FLOW 240' L.T.A.R. EXISTING

Septic Tank: 1000 Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~720 Linear Feet ~240
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

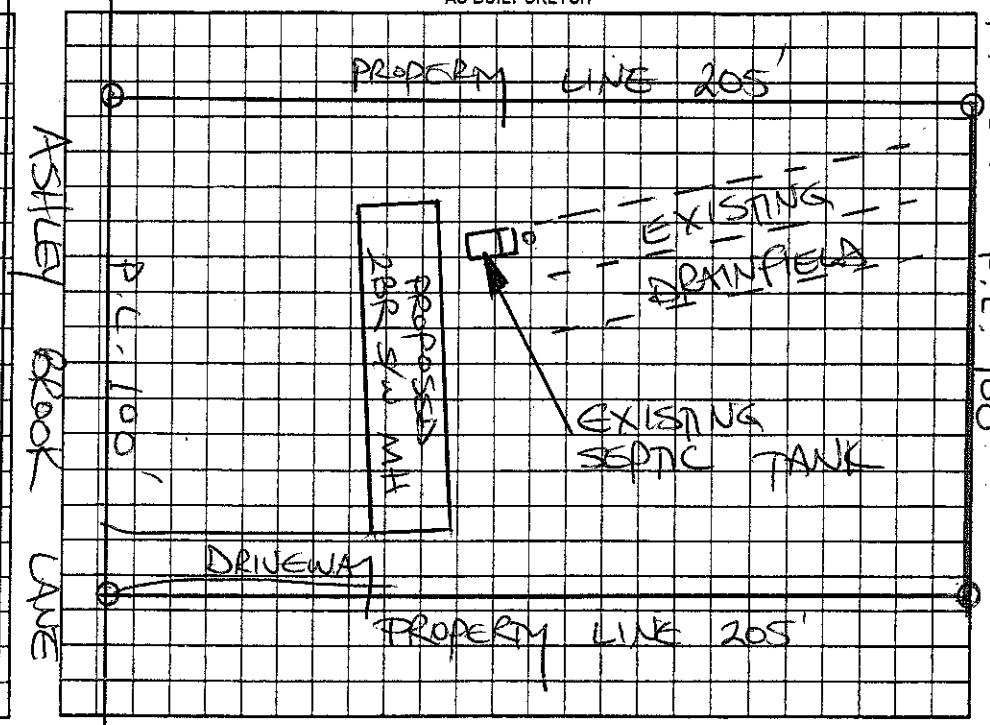
Comments:/Conditions:

Comments:/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS

4% LOT ON LEFT BEFORE END. P.L. 100'

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HENDRICK date 10-25-06

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