(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140526 PIN# 4708-39-0349 DATE 4-27-07

OWNER OR APPLICANT MARISA ELLIS PHONE: Business 704-880-6389 Home 704-873-8295

ADDRESS 1007 FOXCROFT LANE APT 1, STATESVILLE, NC 28677

LOCATION NC 115 NORTH, TL MIDWAY ROAD, TR HARRIS BRIDGE ROAD, ON RIGHT @ 774/800

SUBDIVISION _____ BLOCK / SECTION _____ LOT 3 LOT AREA 5.00 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; ST8 760 Date 11-21-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model ~~EOP~~ 1440 Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~~EOP~~ 1440 Linear Feet 360
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 32"

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

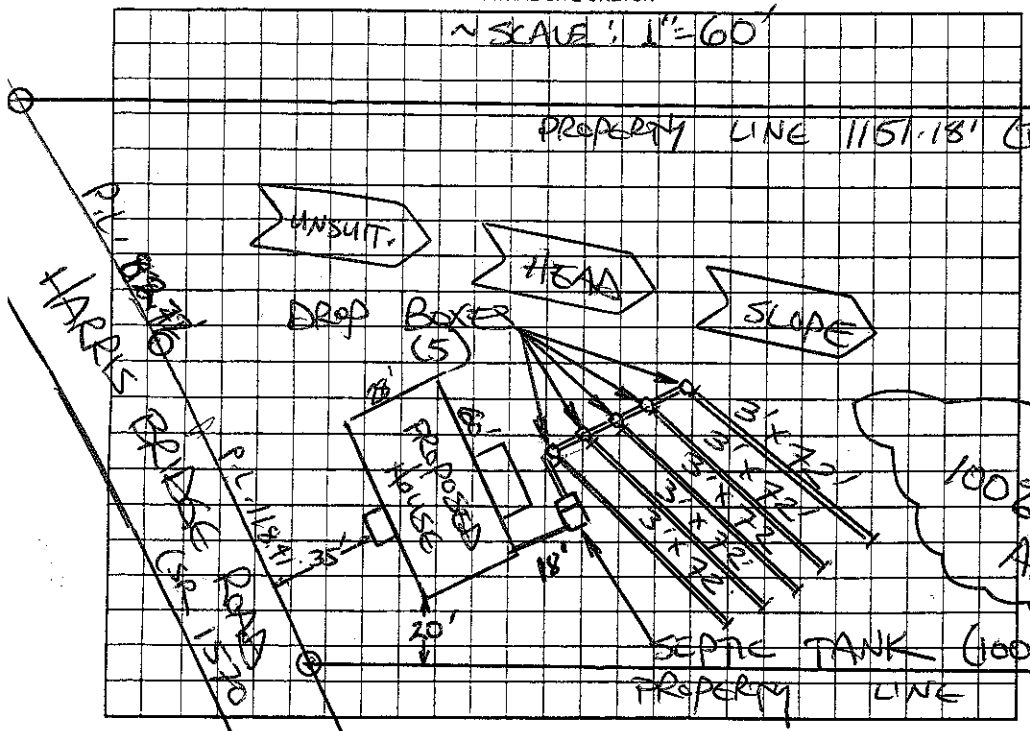
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

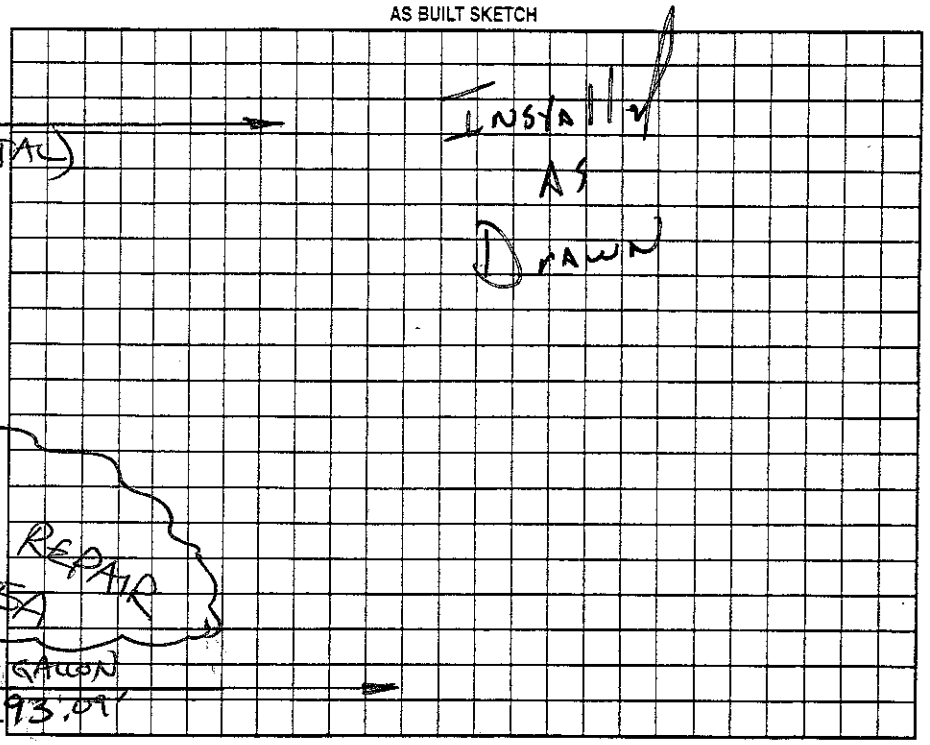
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN, NO DEEPER THAN 32 INCHES

Comments/Conditions: Filter installed

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: Marisa Ellis date 4-27-07 Installed by: Tim Hayes, R.S. date 14 May 07

Improvement Permit by: STEVE HEDRICK date 4-27-07 Operation Permit by: _____ date _____

Authorization to Construct by: STEVE HEDRICK date 4-27-07 Existing System Inspection by: _____ date _____

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