IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121537 PIN# 4710-47-9898 DATE 6/21/04

OWNER OR CONTRACTOR Robinette C. Tilley PHONE: Business 704-507-3064 Home (704) 876-2601

ADDRESS 106 Airport Rd. Statesville NC 28677

LOCATION US 70 W TL Buffalo Shoals Rd TL Laurel Cove Rd Go to to end of cul-de-sac (566 Laurel Cove Rd)

SUBDIVISION LAUREL COVE BLOCK / SECTION _____ LOT 23 LOT AREA LTD SITE CLASS. P5 DESIGN FLOW 240 L.T.A.R. .3 EXISTING

Septic Tank: Ex. 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 100'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: GRAVITY 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

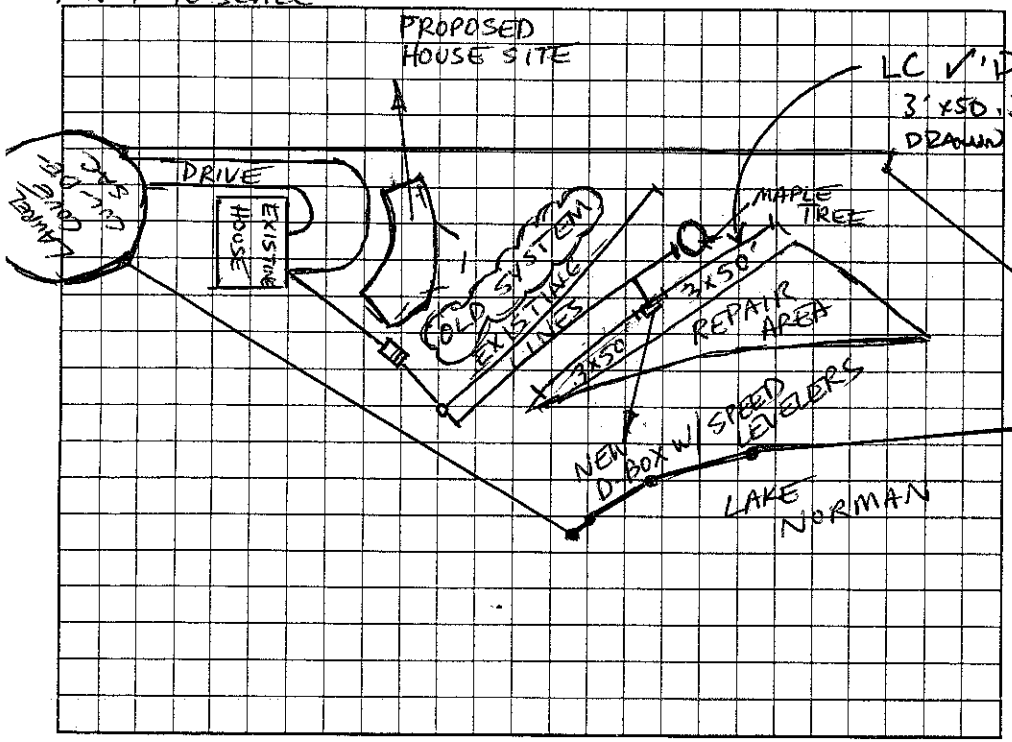
Water Supply: ☒ Individual ☐ Public ☐ Community Well

Comments/Conditions: ① INSTALL LINES ON CONTOUR ② MAINTAIN SETBACKS ③ RECOMMEND REMOVING MAPLE TREE IN AREA OF SYSTEM.

Comments/Conditions: ① INFILTRATOR CHAMBERS

* NOT TO SCALE

INITIAL SITE SKETCH



AS BUILT SKETCH

* REPAIR WILL BE LP PANEL 50% RED. W/ PRETREATMENT

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 6-22-04 Installed by: F. J. ERWIN

Improvement Permit by: Christopher M. Shull PS date 6-21-04 Operation Permit by: Christopher M. Shull PS, LSS date 2-15-05

Authorization to Construct by: Christopher M. Shull PS date 6-21-04 Existing System Inspection by: _____ date _____

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