IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93544 PIN# 4712 27 4202 DATE 1/8/01

OWNER OR CONTRACTOR Charlie Bob Stewart PHONE: Business _____ Home (828) 241-9224

ADDRESS 4165 Clear Springs Dr Claremont NC 28610

LOCATION Old Mtn Rd, R Celeste Eufola, on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .64 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 786 Date 1-6-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity LPBS
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

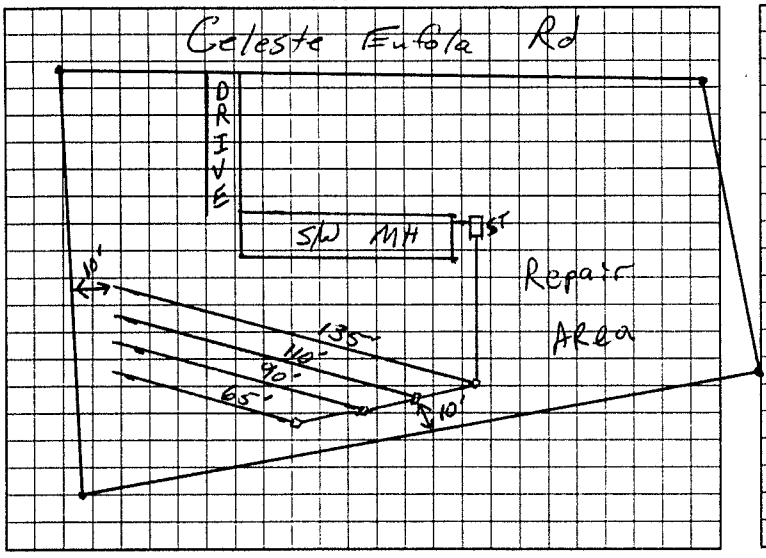
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual X Public ☐ Community

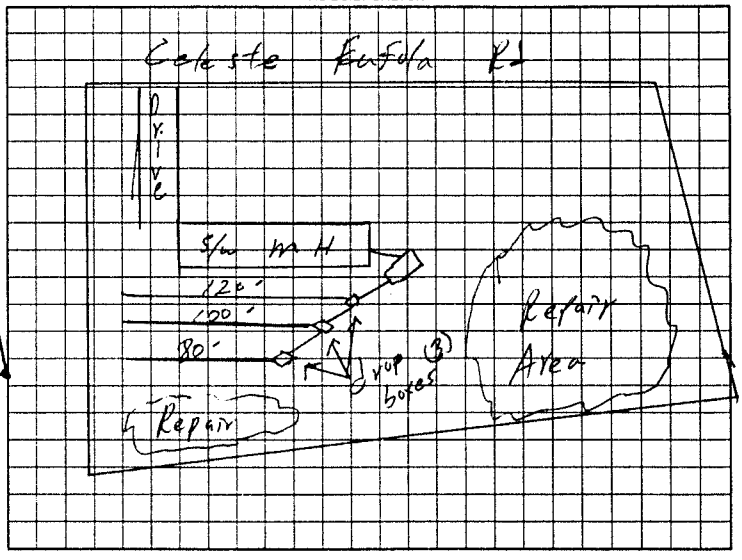
Comments/Conditions: Install Line on contour

Comments/Conditions: ① Okay to install 300ft of HDES Sections + drop boxes (w/o 3-14-01)
- Poly lok Fitg installed / installed 300ft HDES
- Septic Tank Marker / Sections

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: Charlie Bob Stewart date 1-10-01 Installed by: Boyd Ticenhour

Improvement Permit by: [signature] RSI date 1/8/01 Operation Permit by: William O Johnson date 3626-01

Authorization to Construct by: [signature] RSI date 1/8/01 Existing System Inspection by: _____ date _____

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