IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141993 PIN# 4712433700 DATE 5-31-07

OWNER OR APPLICANT All Season Contracting Inc. PHONE: Business 704 902 3199 Home 704 878 0616

ADDRESS 126 Atwell Dr.

LOCATION 40W exit Old Mtn. Rd left, through Rd H, (R) on Lewis Ferry Rd (L) on Eutola ~3 miles (L) on Atwell on (R)

SUBDIVISION Eutola Farms BLOCK / SECTION ____ LOT 6 LOT AREA 1.053 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. @ .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-3-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction Pump
Maintenance Agreement Required: ☐ Yes ☒ No

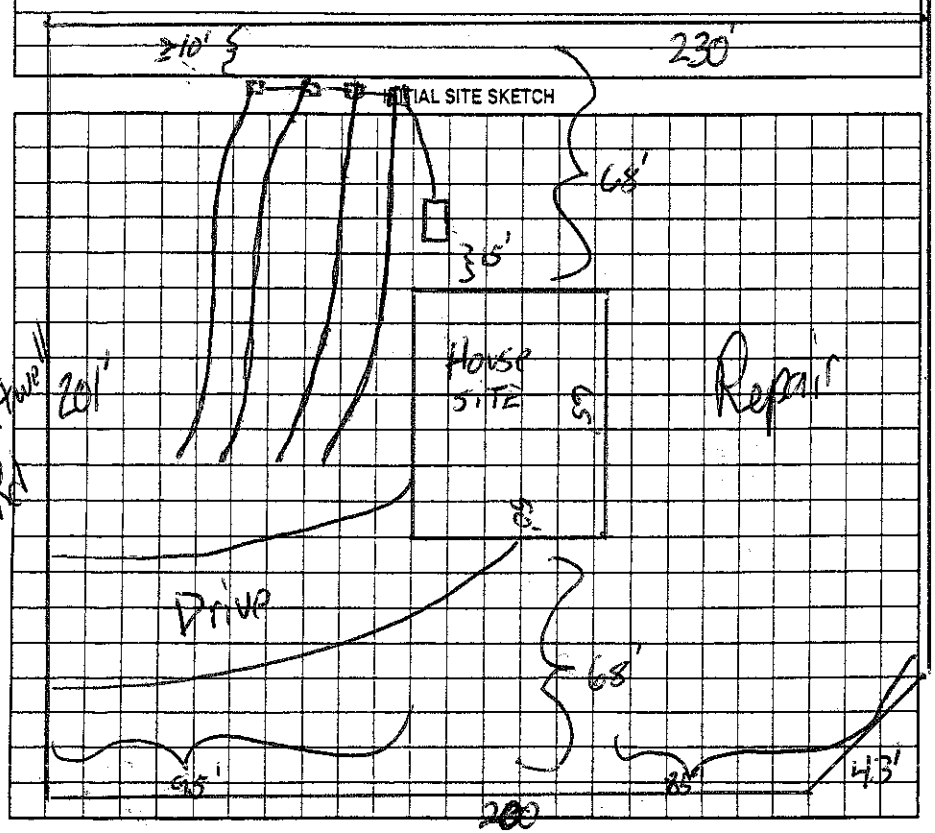
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

Septic marker
yellow Lit-Lite
Vent cap
1/6 90

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: Sandra Myers date 5/31/07 Installed by: Tommy Joyce

Improvement Permit by: ____ date 5-31-07 Operation Permit by: ____ date 10 5 07

Authorization to Construct by: ____ date 5-31-07 Existing System Inspection by: ____ date ____

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