IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82175 PIN# 4715599585 DATE 7-7-99

OWNER OR CONTRACTOR Michael H. Tomlin PHONE: Business [redacted] Home 876 6370

ADDRESS PO Box 6094 Statesville

LOCATION 90 W TR Little Fm Rd TL Cedar Ridge on left

SUBDIVISION Cedar Ridge BLOCK / SECTION 2 LOT 13 LOT AREA 1.0 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: ~~Conv~~ Gravity 25% Red
Repair System Description: " " "
Maintenance Agreement Required: ☐ Yes ☐ No

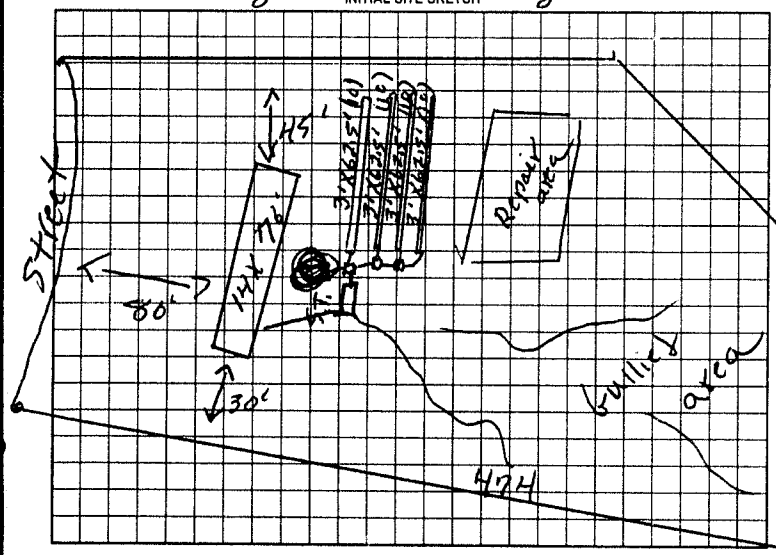
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

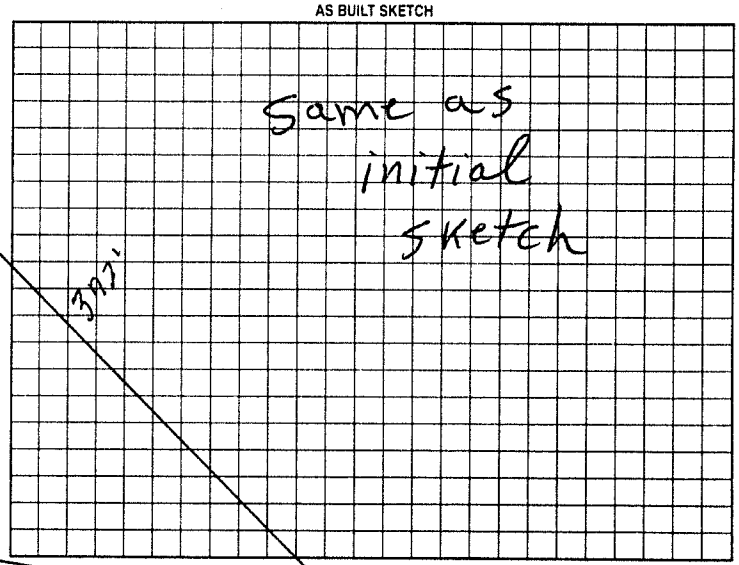
Comments/Conditions: Lot is very ~~crooked~~ & area of mobile Home for System needs shaping & smoothing

Comments/Conditions:

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: Michael H. Tomlin date 7-8-99 Installed by: C+W Grading

Improvement Permit by: R. C. Moore date 7-7-99 Operation Permit by: R. C. Moore date 7-20-99

Authorization to Construct by: R. C. Moore date 7-7-99 Existing System Inspection by: ____ date ____

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