IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305

Voids Previous Permits

MOORESVILLE 704-664-5281

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

PERMIT# 87312 PIN# 4716793870 PT DATE April 25 2006

OWNER OR CONTRACTOR Scarlett Hall PHONE: Business _____ Home 278-0026

ADDRESS 501 Doe Ridge Dr Cleveland NC 27013

LOCATION 115 Nth @ Midway Rd @ Hallmark Rd. .2 mile on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

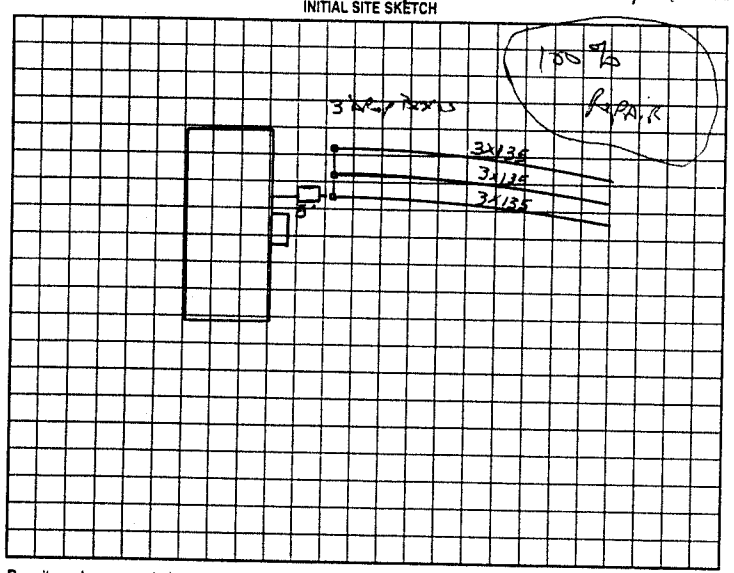
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

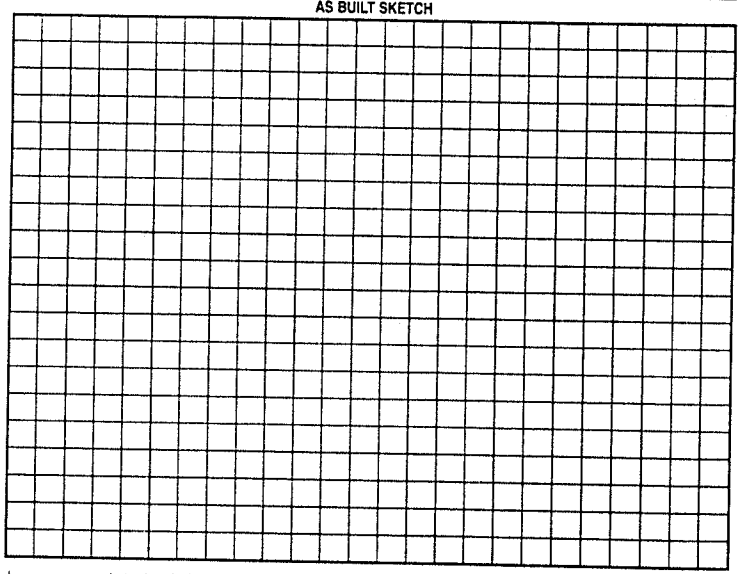
Comments:/Conditions: LOCATE TANK TO INSURE FALL FROM HOME. TRY TO KEEP TANK AS FAR UP AS POSSIBLE TO BEGIN LINES AS HIGH AS POSSIBLE. INSTALL ON CONTOUR MAY USE DISTRIBUTION BOX W/ SPREAD LINES KEEP SYSTEM 100' FROM WELL

Comments:/Conditions: Installed as shown

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: Scarlett Hall date 4-25-06 Installed by: Wayne Clontz

Improvement Permit by: J. Potter date April 25 Operation Permit by: [signature] date 6-20-06

Authorization to Construct by: J. Potter date April 25 Existing System Inspection by: _____ date _____

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