Existing System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87736 PIN# 4717818 28 PT DATE Feb 16 2000

OWNER OR CONTRACTOR Mathew Elder PHONE: Business _____ Home 828 754 2669

ADDRESS P. Box 5264 Lenoir NC 28645

LOCATION 380 Liberty Hill off Midway Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ± 5.4 Ac SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. - 4/Hadnot '91

Septic Tank: 1000 Gallons; STB _____ Date 5-21-91

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140

No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: Conv Gravity

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home SW ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms _____ No. Employees _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

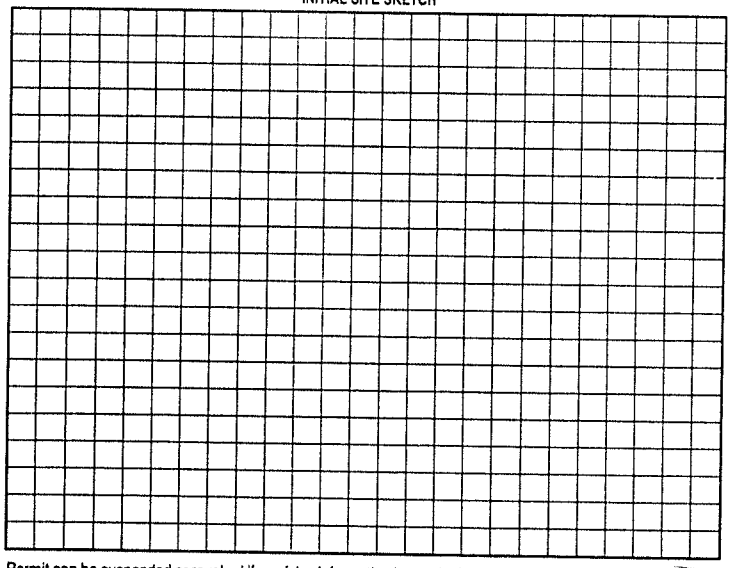
Comments:/Conditions: Original Permit under Danny Dare 9-5-91

Comments:/Conditions: 2-16 No sign of system failure

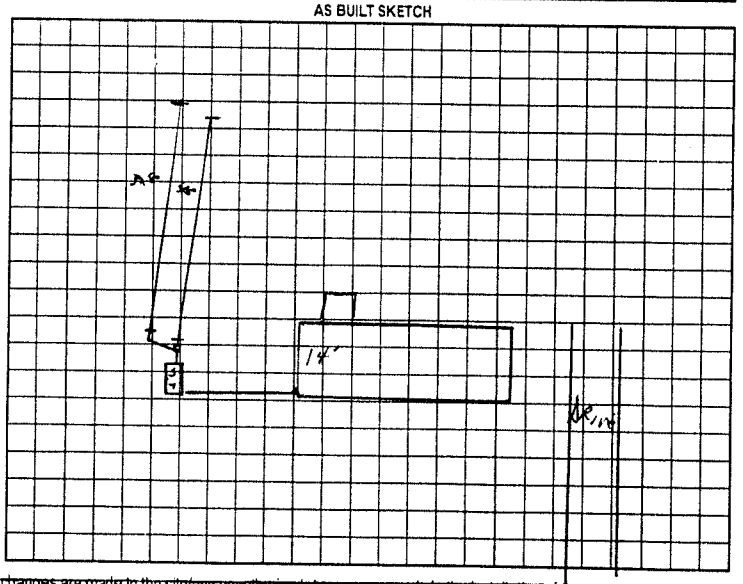
(1) Recommend having Tank pumped + outlet Tee inspected Replace if needed

(2) Do NOT farm over Septic Line

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: J. C. Potter date Feb 16 2000

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