IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131683 PIN# 4718841480 DATE 1-30-06

OWNER OR CONTRACTOR Eric Cline PHONE: Business 704 878 2950 Home 704 873 6420

ADDRESS 301 Pisgah Church Rd

LOCATION Hwy 115 N, L on Pisgah Church Rd, property 1 mile on left.

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA 4.866 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 1-01-05
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 3 Max Trench Bottom Depth 36" Gravel Depth n/a

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

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

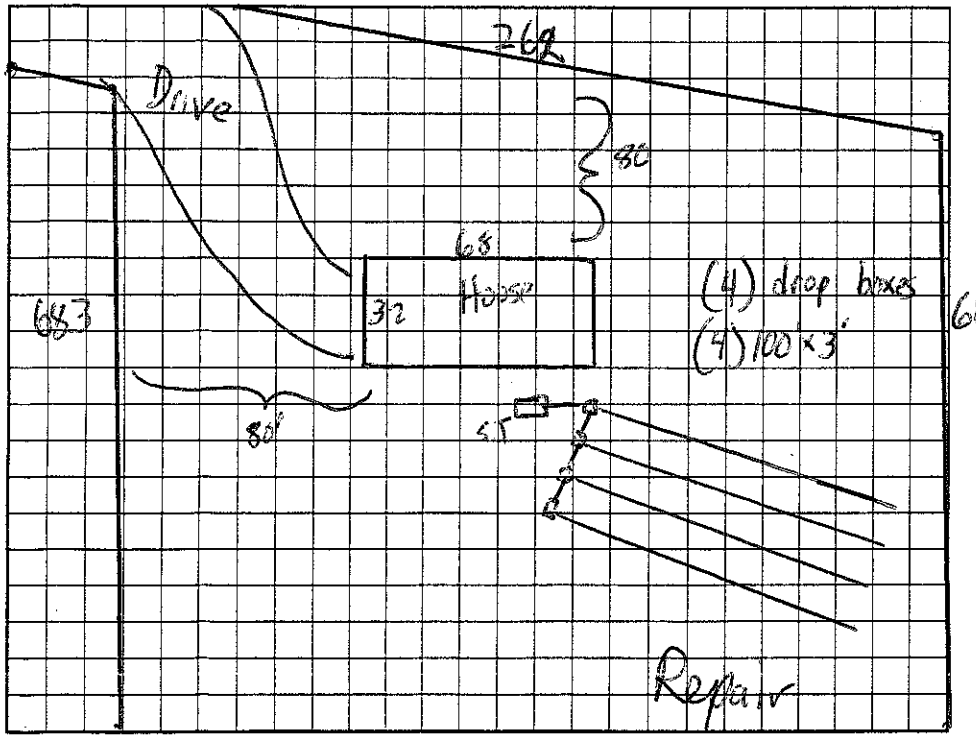
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

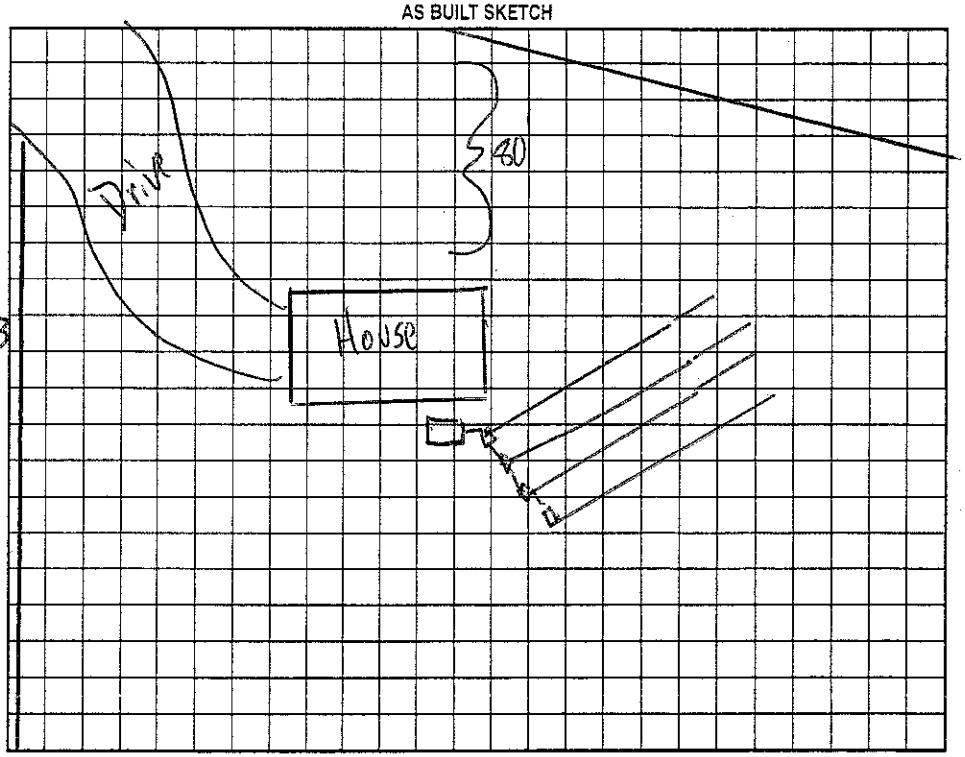
Comments:/Conditions: An approved system may also be used.

Comments:/Conditions: Red Filter n/o riser

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: Eric Cline date 1-31-06
Improvement Permit by: James Allen date 1-30-06
Authorization to Construct by: James Allen date 1-30-06

Installed by: Abee Grading
Operation Permit by: James Allen date 2-17-06
Existing System Inspection by: ____ date ____

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