(CI)

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134179 PIN# 4722489816 DATE 5-4-06

OWNER OR APPLICANT Steele, Ellis & Pope Builders PHONE: Business 704-873-7353 Home

ADDRESS 418 Sullivan Dr Statesville NC 28625

LOCATION Exit 49 Mountmaster RD 470 Mountmaster RD on right

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5AC SITE CLASS. B DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 1012 Date 4-3-06

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24

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

System Description: 25% Red

Repair System Description: 25% Red

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 ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

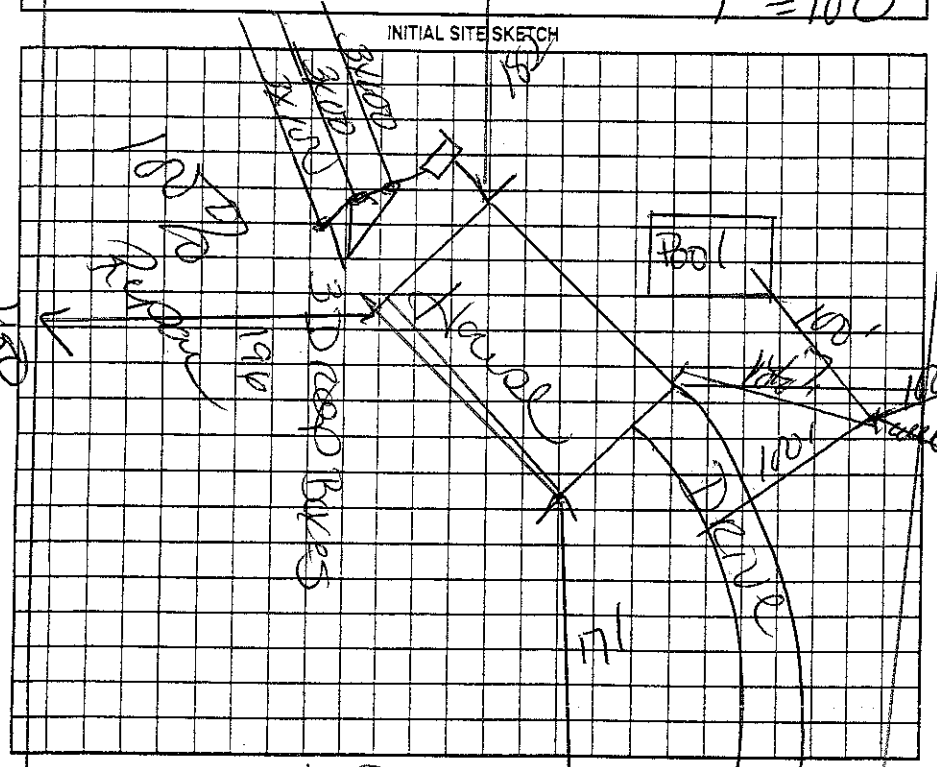
Comments:/Conditions:

1" = 100

Comments:/Conditions:

Maintain all set backs
Install as Option

INITIAL SITE SKETCH




AS BUILT SKETCH

Maintain 100' away from well to Septic and Surrounding Septic

Yellow Set-Up

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: D-Matthews Mountmaster Farms LLC date

Improvement Permit by: Kelly Cox date 5-4-06

Authorization to Construct by: Kelly Cox date 5-4-06

Installed by: DH Underwood

Operation Permit by: Kelly Cox date 12-8-06

Existing System Inspection by: date

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