IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86687 PIN# 4722226689 15973 DATE Jan 26 2000

OWNER OR CONTRACTOR Land Development Services PHONE: Business 528-6192 Home

ADDRESS Po Box 5602 Statesville NC

LOCATION Old NC Rd South (R) Compton Park (R) Idlebrook (L) Brandenburg Lot on Right Toward end

SUBDIVISION Stonecrest BLOCK / SECTION 2 LOT 22 LOT AREA .66 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-26-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ◐ III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

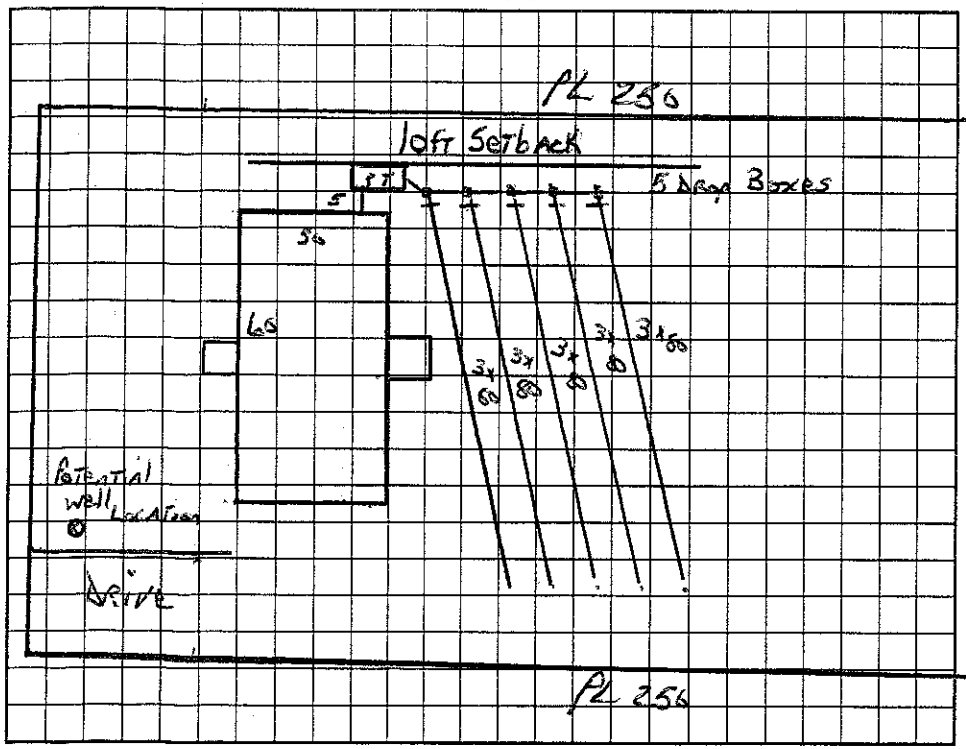
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home SW No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

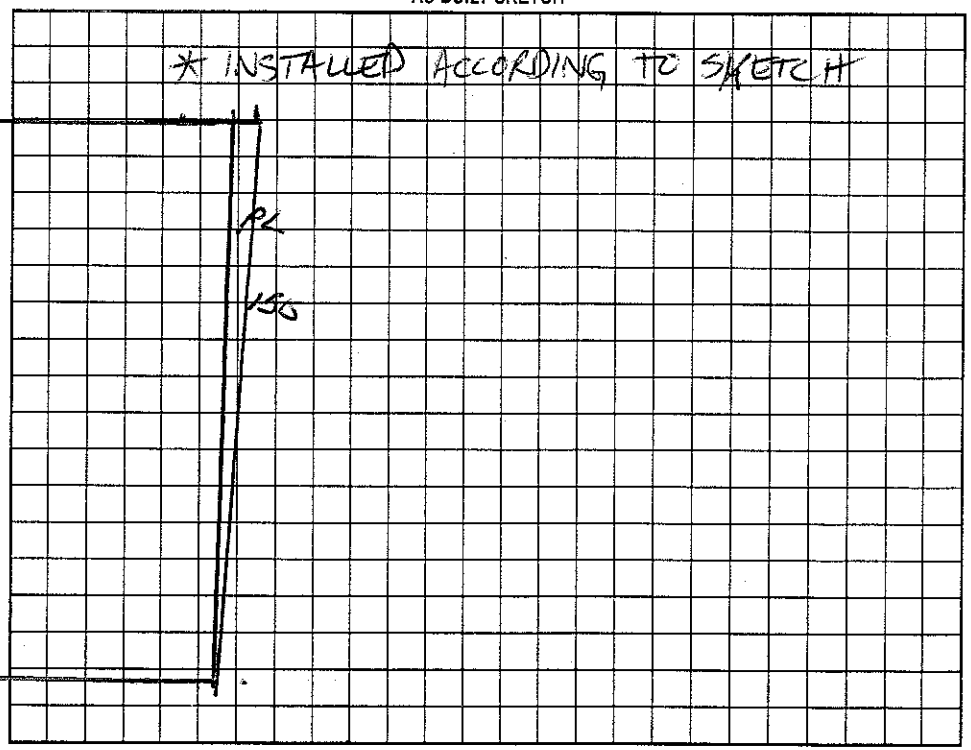
Comments/Conditions: Install on Contour
5 Drop Boxes Locate well 100 ft from Septic System OR MAX. Feasible distance (50 ft Min)

Comments/Conditions: ① Label ② #57 Stone

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: Neil Kelly date 2-8-2000 Installed by: IREDELL BACKHOE

Improvement Permit by: Jo Potter date Jan 26 2000 Operation Permit by: Christopher M. Shull, RS date 11-9-07

Authorization to Construct by: Jo Potter date Jan 26 2000 Existing System Inspection by: ____ date ____

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