IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83181 PIN# 4722226589 DATE Aug 23, 99

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

ADDRESS P.O. Box 5602 Statesville NC

LOCATION South Old Mt Rd (R) Compton Park (R) Idlebrook (L) Branderburg Lot on Left

SUBDIVISION Stone Crest BLOCK / SECTION LOT 12 LOT AREA .53Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8 22 99
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. ◐ IV. V. VI
System Description: 25% Reduction Gravity
Repair System Description: 50% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

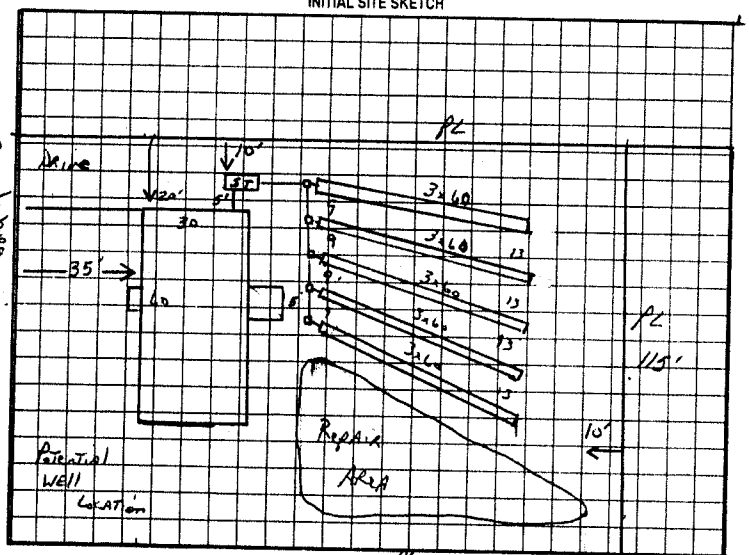
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

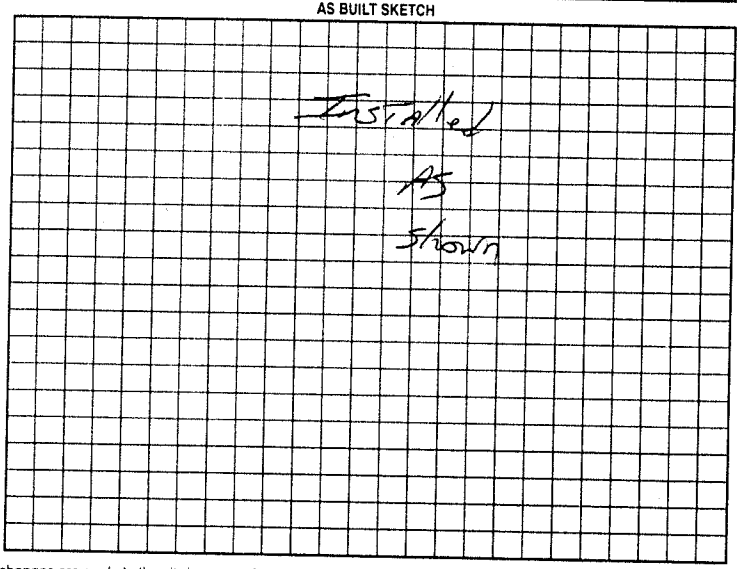
Comments./Conditions: Install on Contour
Keep well 100 Ft or maximum Feasible distance from Any Septic System (Drilled single Family well)
50 Chambers or 30 HDS Sections

Comments./Conditions

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: [signature] date 8/27/99

Improvement Permit by: [signature] date 8-23-99

Authorization to Construct by: [signature] date 8-23-99

Installed by: Young & Son

Operation Permit by: [signature] date 10/1/99

Existing System Inspection by: date

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