TM- 402-6878

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86690 PIN# 4722226689 7057 DATE Jan 25 2000

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

ADDRESS Po Box 5602 Statesville

LOCATION Old Mt Rd South (R) Compton Pk (R) Idlebrook (L) Brandenburg Lot on Right

SUBDIVISION Stonecrest BLOCK / SECTION [redacted] LOT [redacted]24 LOT AREA .66 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-18-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

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

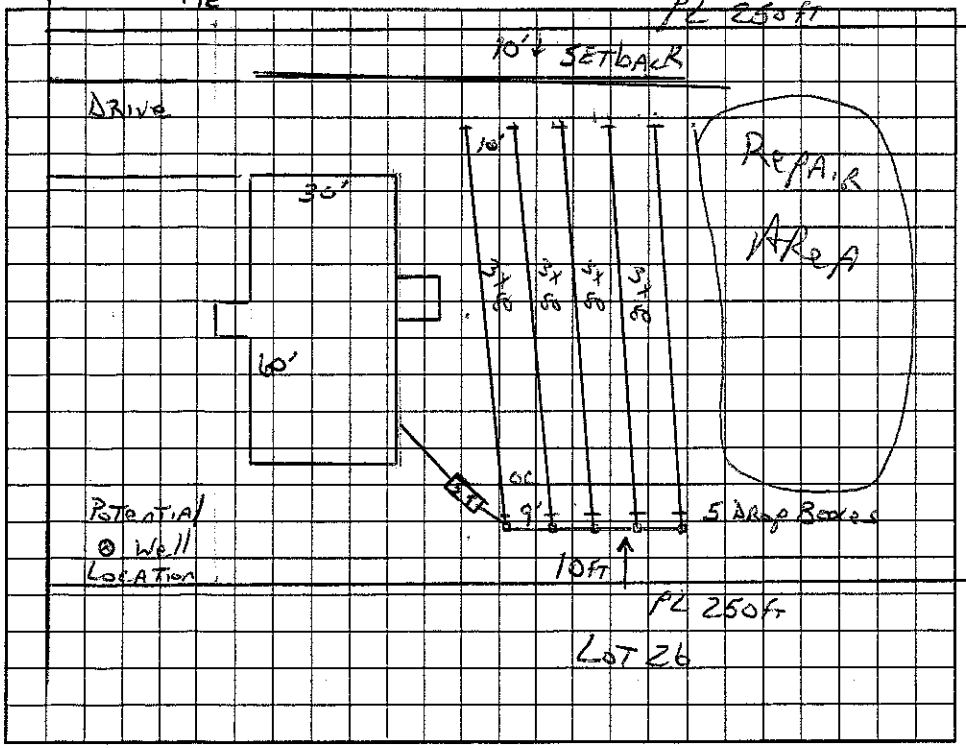
Water Supply:
☒ Individual
☐ Public
☐ Community
Well

Comments/Conditions: Locate well 100ft from Septic System or Max Feasible distance. (50ft Min)
5 Drop Boxes or may use distribution box w/speed levels
L-24

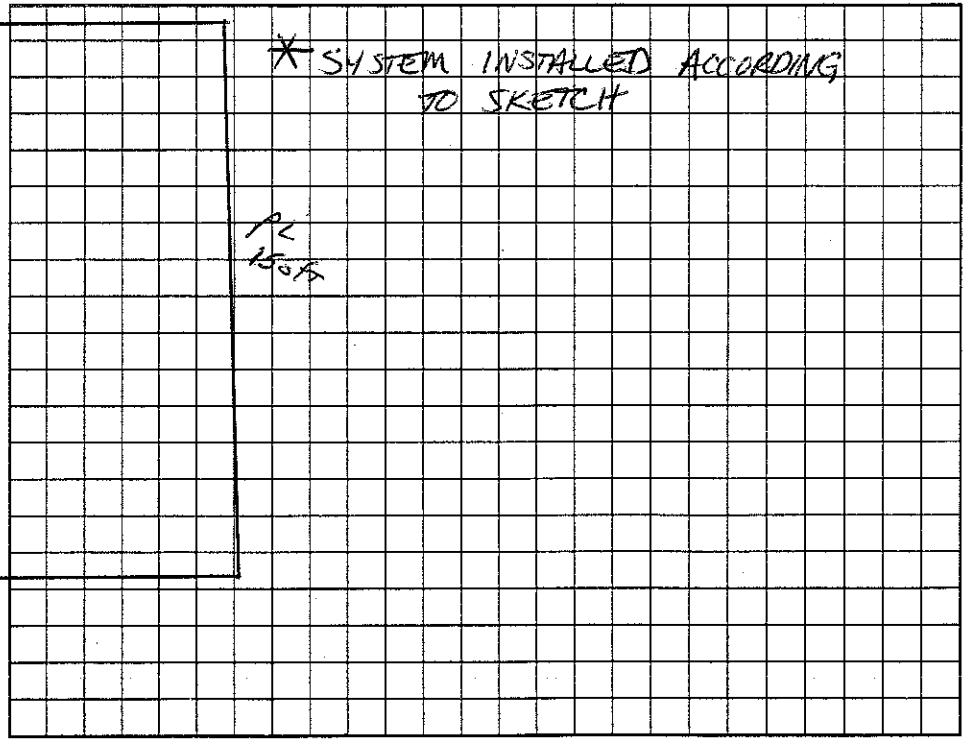
Comments/Conditions: ① Zabel ② #57 Stone

1X40 Scale

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: Iredell Backhoe

Improvement Permit by: J.C. Potter date Jan 25 2000 Operation Permit by: Christopher M. Stone LHS date 11-9-04

Authorization to Construct by: J.C. Potter date Jan 25 2000 Existing System Inspection by: _____ date _____

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