IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081721 PIN# 4723162866 DATE 7-23-99

OWNER OR CONTRACTOR Teresa M. Adams PHONE: Business _____ Home _____

ADDRESS 637 Liggard Farm Rd Statesville

LOCATION 70W TL Airport Rd TR Fleetwood TL Eldorado lot 9 end. behind existing Homes

~~SUBDIVISION~~ (108 Eldorado) BLOCK / SECTION _____ LOT _____ LOT AREA 4.16 SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1017 Date 6-1-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

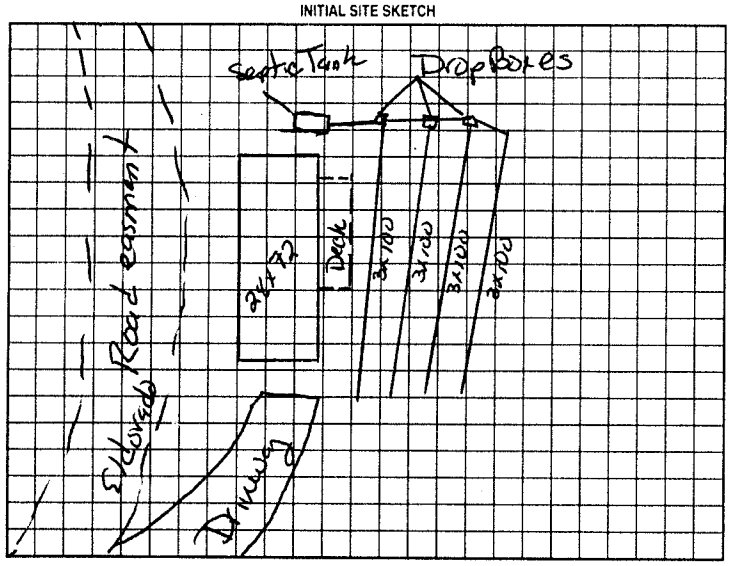
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: Install 4 lines on contour, can work around large trees

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Teresa Adams date 7-23-99

Improvement Permit by: Mary C Off RS date 7-23-99

Authorization to Construct by: Mary C Off RS date 7-23-99

Installed by: Forest Shuffler

Operation Permit by: C. Moore date 8-4-99

Existing System Inspection by: _____ date _____

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