IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 119188 PIN# 4726-03-6412 DATE 3/29/04

OWNER OR CONTRACTOR Michael Levan PHONE: Business (704) 873-9180 Home –

ADDRESS P.O. Box 1212 Statesville NC. 28687

LOCATION Hwy 115 N @ Scotts Creek Rd @ Celtic Ridge (R) in W. Edinburgh on corner

SUBDIVISION Celtic Ridge BLOCK / SECTION _____ LOT 40 LOT AREA .463 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 4000 Gallons; STB 1007 Date 10-1-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Eq. n/440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump LP Pavers
Maintenance Agreement Required: ☐ Yes ☒ No

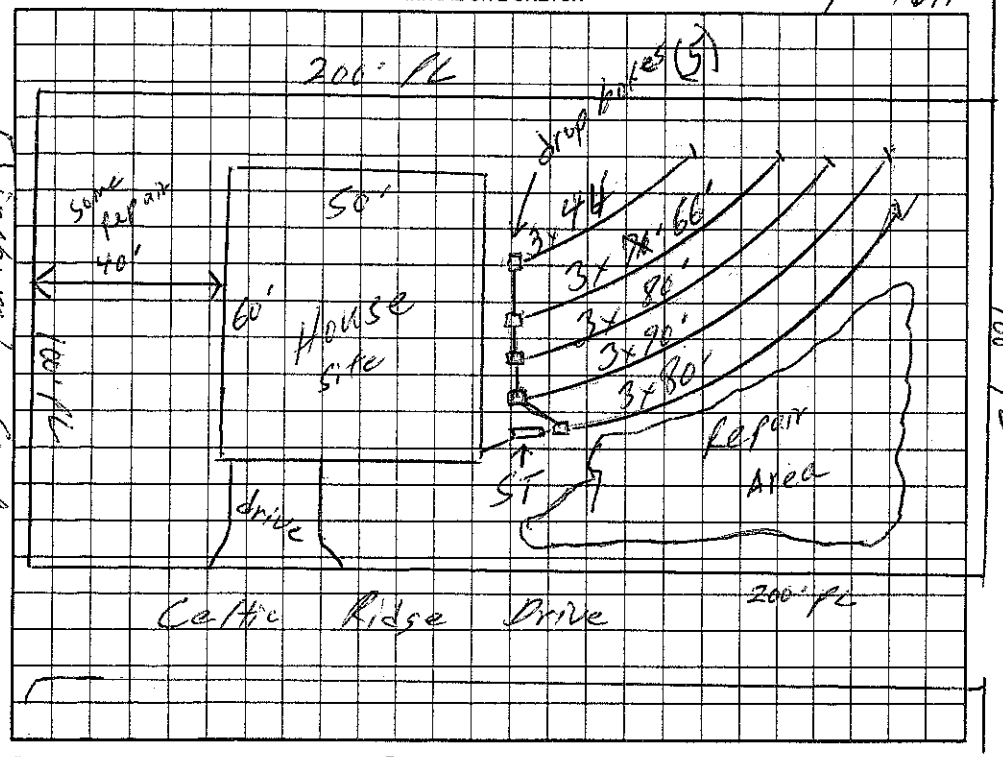
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

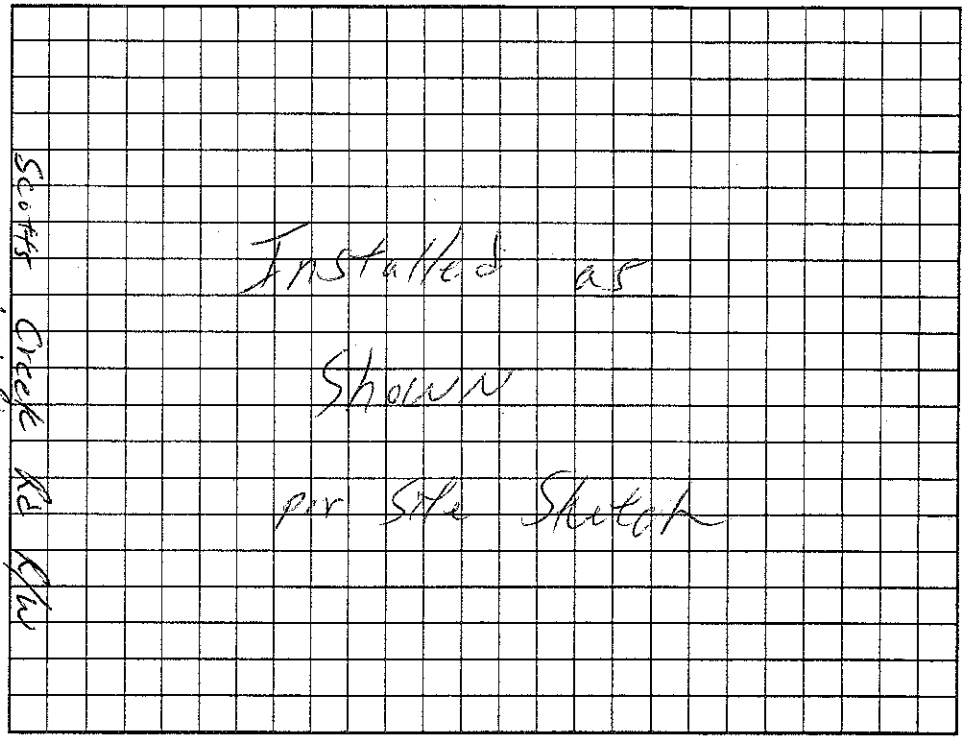
Comments:/Conditions: ① Install Lines on Contour ② Stub out of House must be high to remain gravity system ③ No cutting or filling over Septic System

Comments:/Conditions: - Zabel Filter + ST marker Installed - Quick 4 Infiltrator Installed

INITIAL SITE SKETCH 1"=40ft



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: Michael Levan date 5/5/04 Installed by: Kelly Welborne

Improvement Permit by: William O. Johnson date 3/29/04 Operation Permit by: William O. Johnson date 12/9/04

Authorization to Construct by: William O. Johnson date 3/29/04 Existing System Inspection by: _____ date _____

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