IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91953 PIN# 472715 998 DATE 9/22/00

OWNER OR CONTRACTOR Mark Ellis PHONE: Business _____ Home 924-9147

ADDRESS 1968 Salisbury Hwy Statesville NC 28677

LOCATION 115 N, L Scotts Crk, L Miller Farm, R Dog trail 2nd on RT 110 Dog tr, LN

SUBDIVISION Deercroft BLOCK / SECTION — LOT 2 LOT AREA .50 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 1-22-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I II III IV V VI

System Description: Grav. 25% Red.

Repair System Description: Pump 25% Red

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No Employees _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

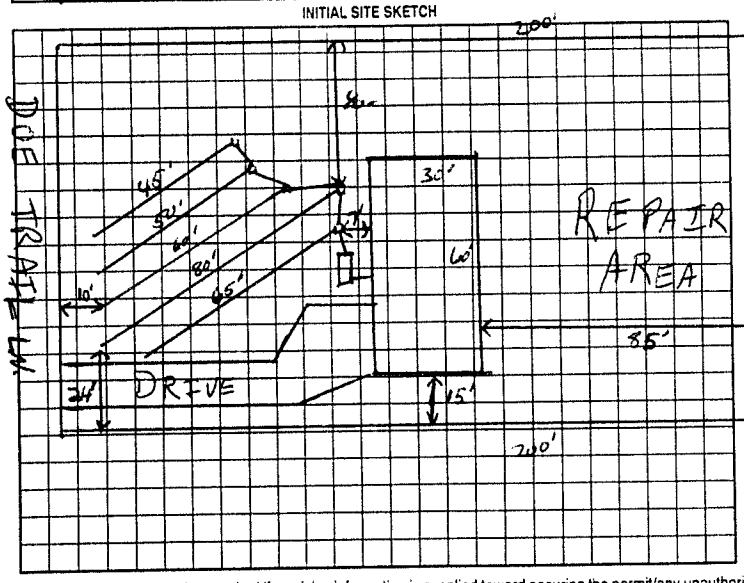
Comments:/Conditions:

1:40 Scale.

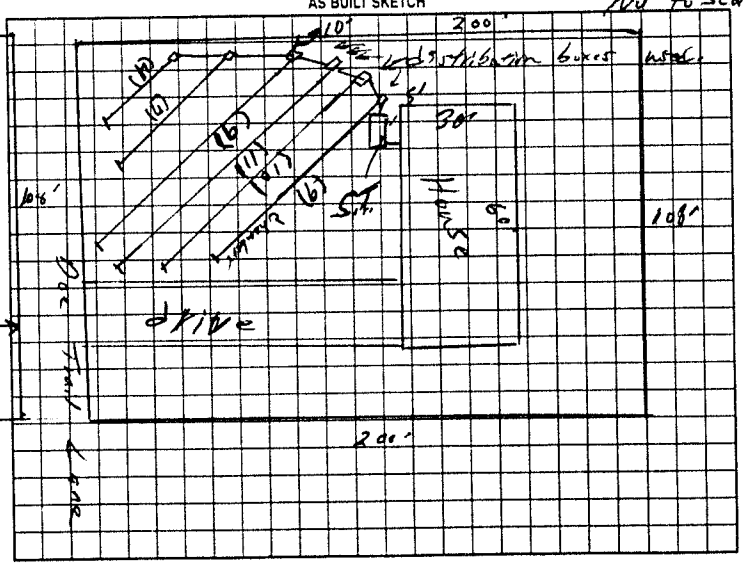
Comments./Conditions

- Poly lok Filter Installed
- Septic Tank Risers Installed
- 5 Chambers Installed - Infiltrator

INITIAL SITE SKETCH



AS BUILT SKETCH Not to Scale



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: Rachel Ellis date 9-29-00

Improvement Permit by: RST date 9/22/00

Authorization to Construct by: RST date 9/22/00

Installed by: Wes Cotton

Operation Permit by: William G. Johnson date 2/24/01

Existing System Inspection by: _____ date _____

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