IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129057 PIN# ~~4730031874~~ 4730031738 DATE 8-9-05

OWNER OR CONTRACTOR Tracy & Sonya McElwee PHONE: Business _____ Home 704-528-4745

ADDRESS 220 Dunwoody Rd.

LOCATION State Park Rd., 3rd house before St. Park boundary, on right, 494 St. Park Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.11 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-2-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: 2590 red., gravity
Repair System Description: 2590 red. gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

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

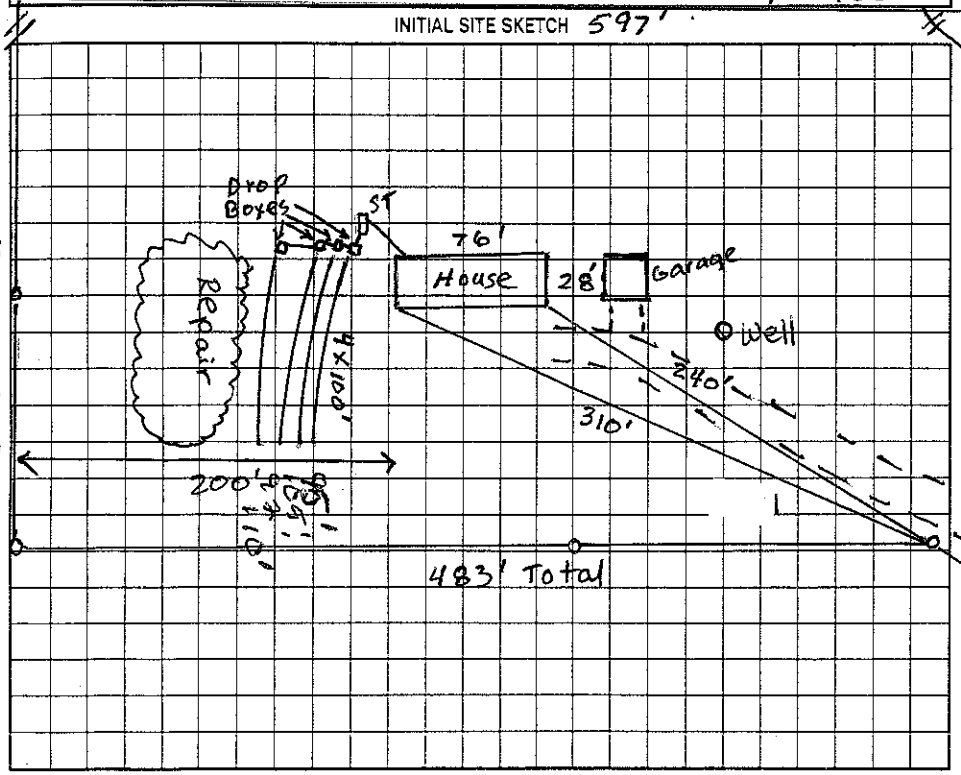
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
well to be placed a minimum of 100 ft from septic system

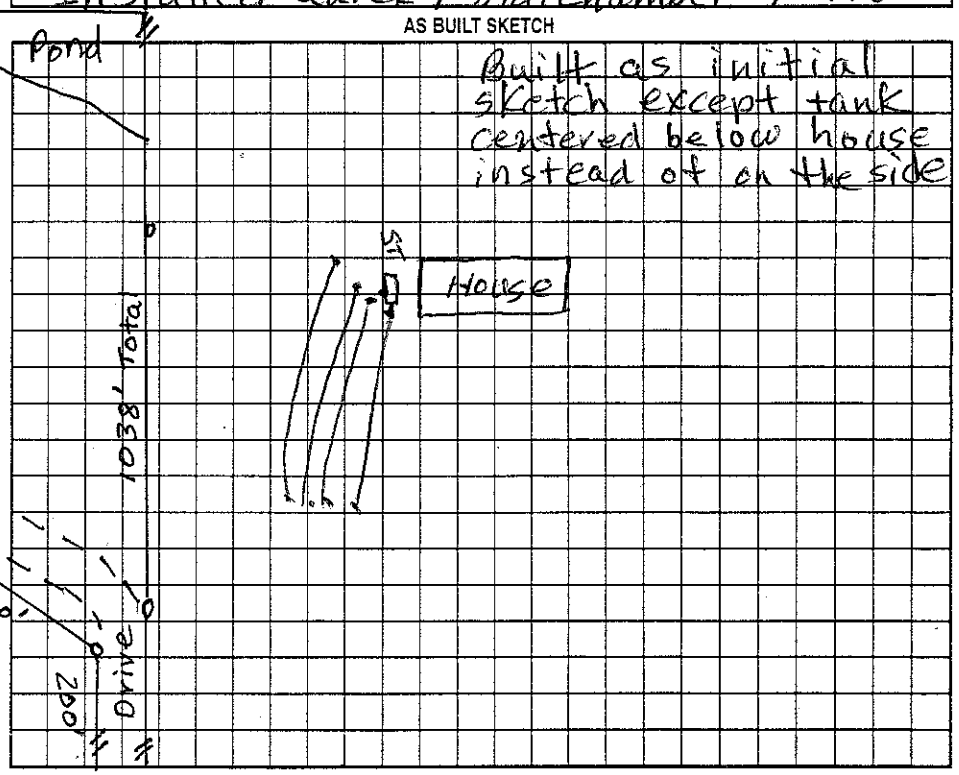
Comments:/Conditions:
Yellow tuf-tite tee tank w/ marker, sch. 40 PVC 3" supply. Installed Quick 4 Std. chamber

Line 1 95'
2 105'
3 95'
4 110'

INITIAL SITE SKETCH 597'



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 plan 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: Sonya McElwee date 8-9-05 Installed by: A-1 Backhoe Service

Improvement Permit by: Judy Melville date 8-9-05 Operation Permit by: Judy Melville date 8-12-05

Authorization to Construct by: Judy Melville date 8-9-05 Existing System Inspection by: _____ date _____

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