MIKE YOUNG 704-863-5571 704-664-2774

5TH HOUSE ON LEFT WHITE HOUSE W/ BLACK SHUTTERS

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91385 PIN# 4732 56 6225 DATE 8-16-00

OWNER OR CONTRACTOR Gregor Tester PHONE: Business 871 2260 Home 872-9456

ADDRESS 2468 Shelton Ave Statesville, N.C.

LOCATION South on Shelton Ave Behind 2468 Shelton Ave

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.81 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33 gal/sq ft

Septic Tank: 1000 Gallons; STB 1007 Date 11-13-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☒ III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☒ No

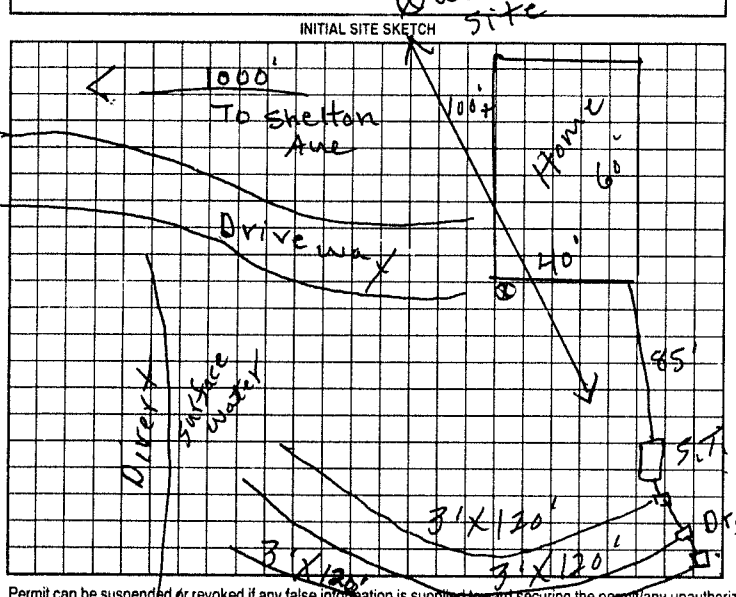
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

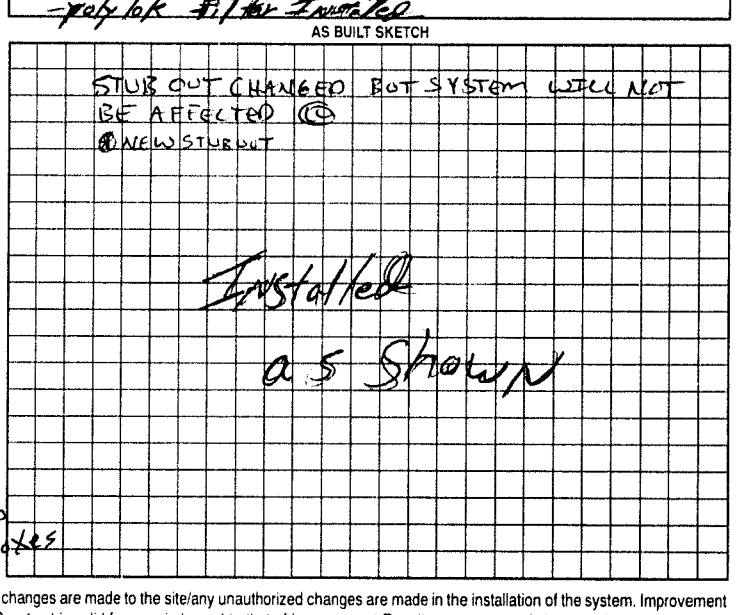
Comments/Conditions:

Comments/Conditions: (C) BASEMENT DUG TO DEEP TO HAVE GRAVITY FROM BASEMENT. GAVE OPTIONS & WAITING PHONE CALL.
-S.T. Market Trends
-poly lok B/for Installed

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: A+S Grading

Improvement Permit by: R.C. Moore date 8-16-00 Operation Permit by: William Oakley date 2/22/01

Authorization to Construct by: R.C. Moore date 8-16-00 Existing System Inspection by: _____ date _____

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