# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093966 PIN# 4733 01 7208 DATE 1/31/01

OWNER OR CONTRACTOR NEAL AND SHARON ANDERSON PHONE: Business _____ Home _____

ADDRESS 277 NEW HAVEN LANE, LINWOOD, NC 27299

LOCATION WALLACE SPRINGS (R) (L) WOODFIELD TO LOT ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.76 Ac SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 10-26-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 260
No Lines 2 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth _____

New System ☐ Repair System Type: I II (III) IV V VI
System Description: 25% REDUCTION SYSTEM
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ✓ No
☐ Slab ☐ Crawl Space ✓ Basement w/plumbing ☐ Basement wo/plumbing

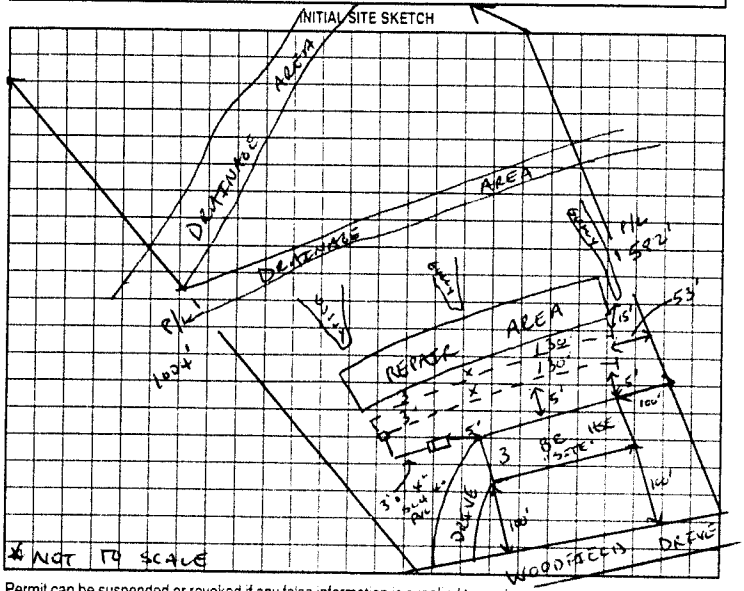
✓ House/Mod Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 2 1/2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ~~Individual~~ ☐ Public ☐ Community

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DRAINLINES UNIFORM AND ON CONTOUR

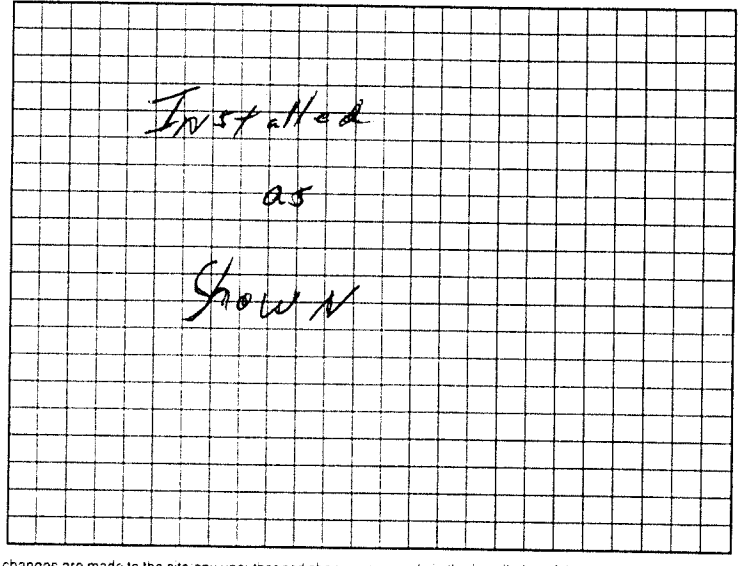
Comments/Conditions: Polylok Filter Installed = Septic Tank Marker Installed — 43 Infiltrator Chambers Installed

INITIAL SITE SKETCH




* NOT TO SCALE

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: Mark Richard Anderson date 2-1-01 Installed by: David Yountz

Improvement Permit by: [signature] date 1/31/01 Operation Permit by: William C. Johnson date 1/2/02

Authorization to Construct by: [signature] date 1/31/01 Existing System Inspection by: _____ date _____

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