IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13419 PIN# 4733275332 DATE 4-25-06

OWNER OR APPLICANT Mack & Mary Anderson PHONE: Business _____ Home 704-873-5043

ADDRESS 239 Belfast Rd Statesville NC 28677

LOCATION Caesar Bagnal (L) Buffalo Shoals (L) Slingshot (R) Belfast at end on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.39 SITE CLASS. B DESIGN FLOW _____ L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1500 Date 2-19-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 600 Linear Feet 200
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 250 gal Grinder
Repair System Description: 250 gal Pump
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth 11" ☑ Gravity ☐ Pressure

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Persons ____ No. Employees ____

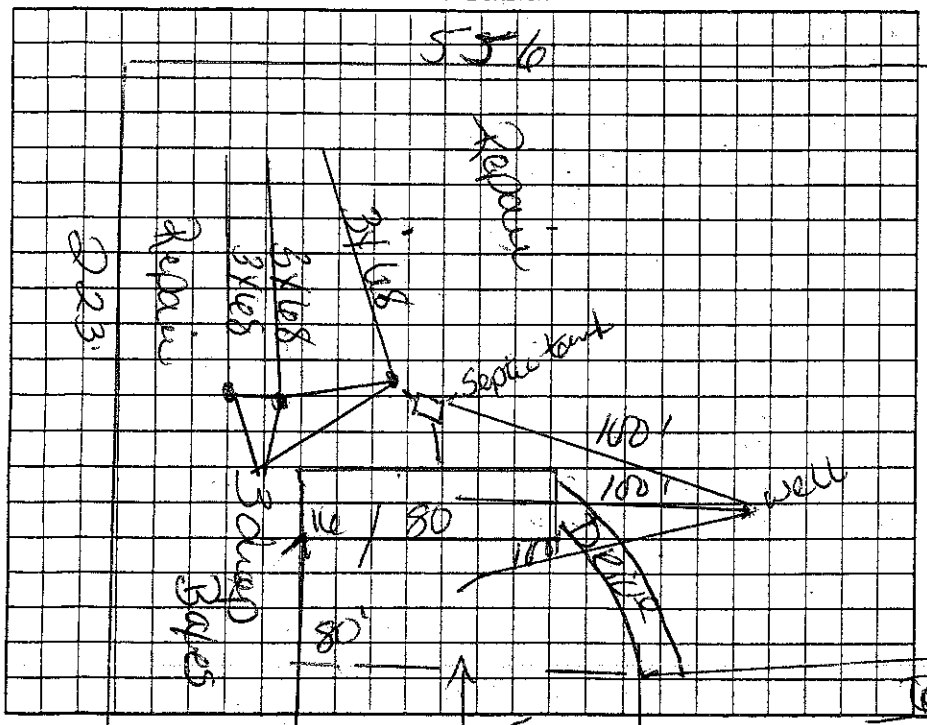
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:
Maintain 100' away from well.

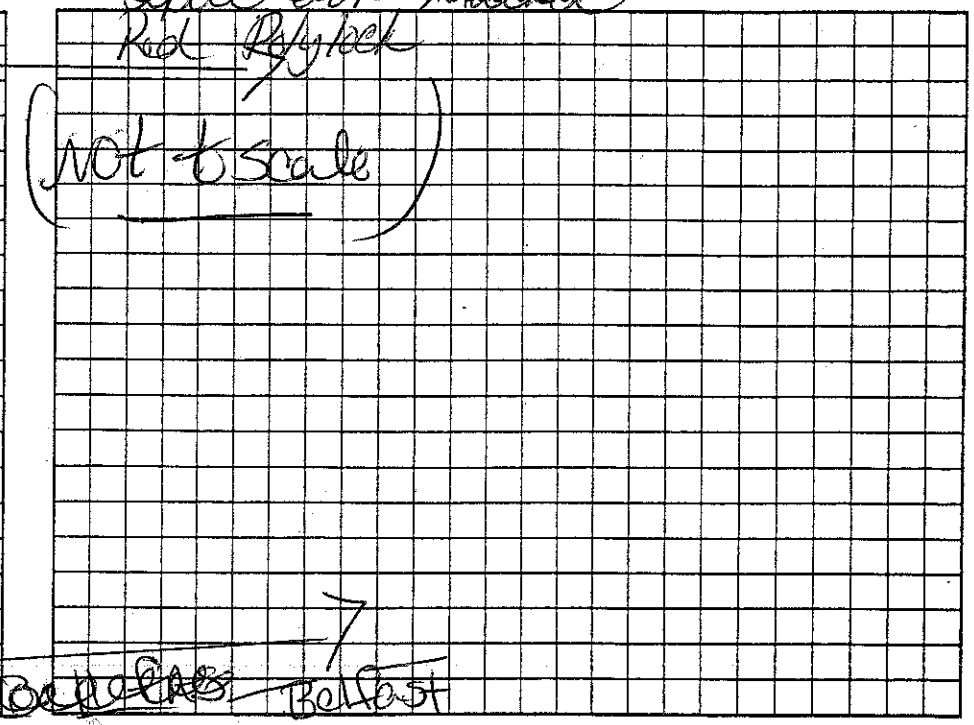
Comments:/Conditions:
Install as Custom
Maintain all setbacks
Septic tank as shown
Red Flagged

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: [signature] date 4-28-06 Installed by: Mack Anderson

Improvement Permit by: Kelly Cook date 4-28-06 Operation Permit by: Kelly Cook date 5-31-06

Authorization to Construct by: Kelly Cook date 4-28-06 Existing System Inspection by: _____ date _____

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