IREDELL COUNTY HEALTH DEPARTMENT

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

(2.30)

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

PERMIT# 080002 PIN# 4740649293

OWNER OR CONTRACTOR Kimberly Teague

ADDRESS 240 Flower House Loop PHONE: Business _____ DATE 4/30/99

LOCATION 21N, TL FlowerHouse LP, next house on LT Past Cbonte Home 704-528-4318

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.15 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 3/28/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1206 Linear Feet 402

No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Grav. / Conv.

Repair System Description: Panel

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

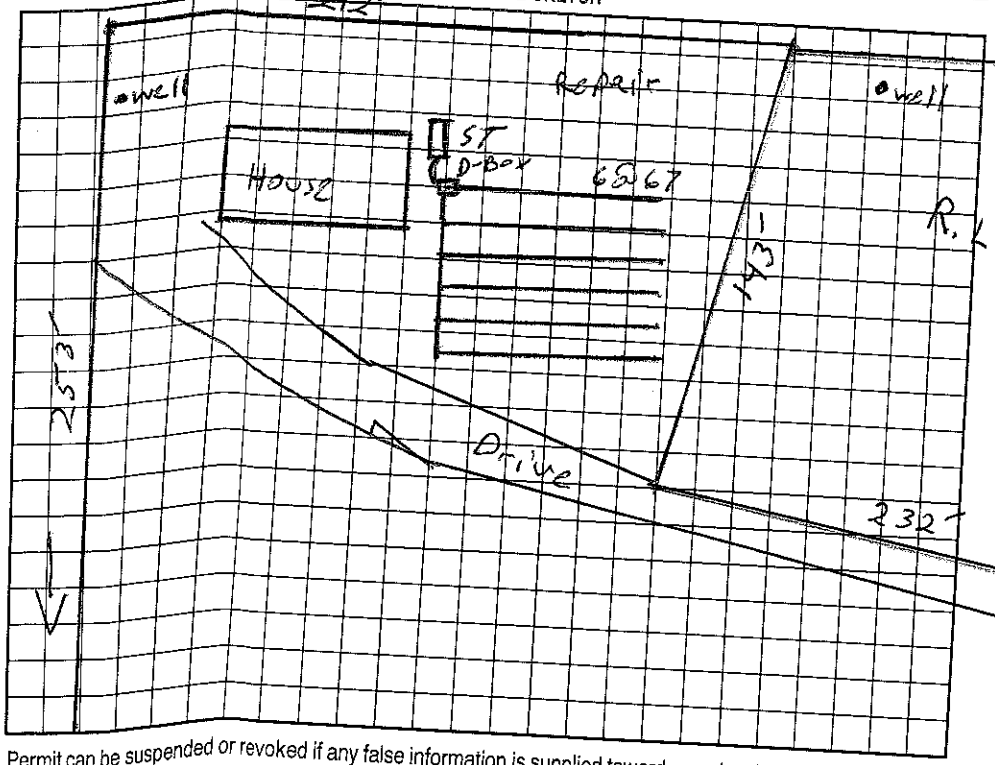
Comments:/Conditions:

Install lines on contour

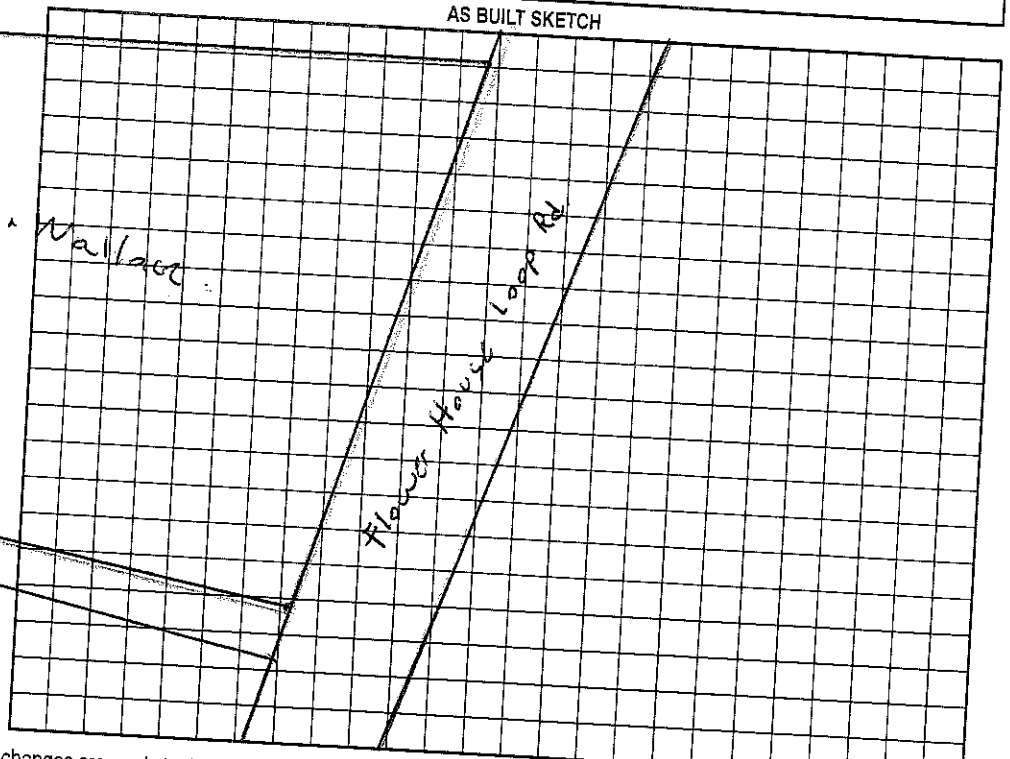
Keep septic 10' off PL & 5' off House

Comments:/Conditions:

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: Kimberly D. Teague date 5/3/99

Improvement Permit by: Jeff Morgan date 4/20/99

Authorization to Construct by: Jeff Morgan date 4/30/99

Installed by: Tommy Cothran

Operation Permit by: C. Hy date 6/22/99

Existing System Inspection by: _____ date _____

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