IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132852 PIN# 4747-43-8812 DATE 1-6-06

OWNER OR CONTRACTOR ELSTON HOMES / JOEY ELDRIDGE PHONE: Business 704-902-0167 Home 704-878-3531

ADDRESS P.O. BOX 423 Statesville, NC 28677

LOCATION 21 NORTH (E) SIMONTON - TURN INTO WHITE'S FARM (L) DOE RUN LOT #44 ON RIGHT

SUBDIVISION GOVERNORS MEADOWS BLOCK / SECTION ____ LOT 44 LOT AREA 1.0 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date 2-30-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1600' Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: 6BAV 25% REDUCTION
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☒ No

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

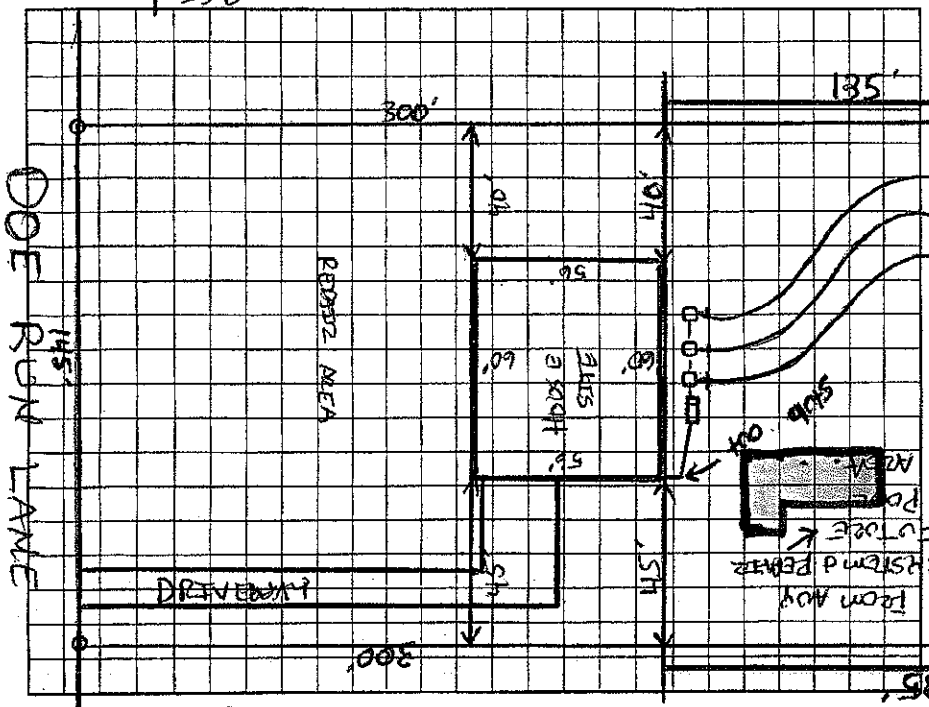
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

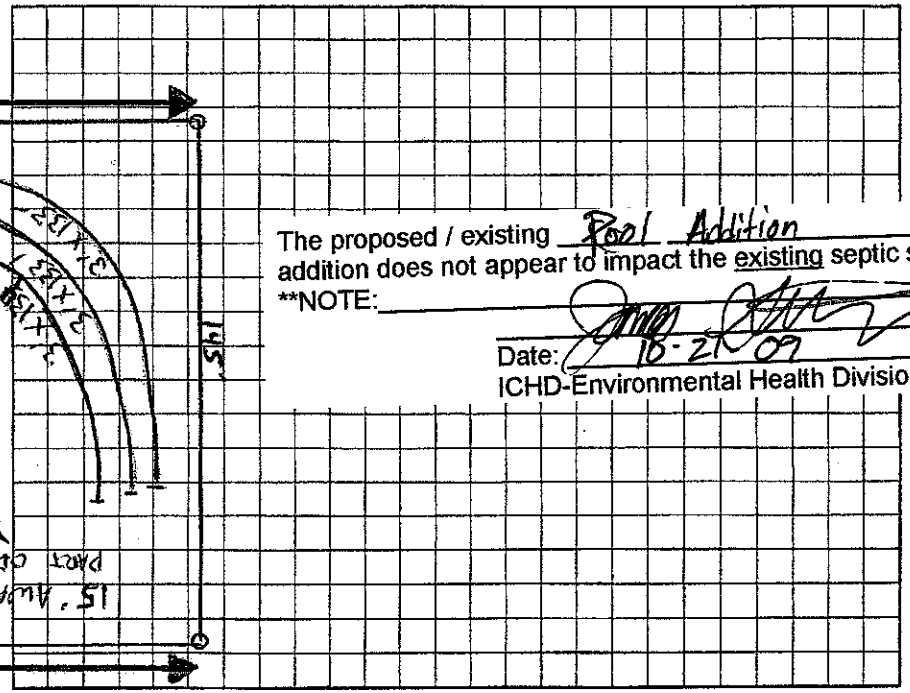
Comments/Conditions: (1) GRADE OUT EXISTING FIELD TERRACE TO THE CONTOURS AS FLAGGED & DRAWN. DO NOT GRADE EXCESSIVELY (2) OWNER REQUESTS 25% REDUCTION (3) MAINTAIN SETBACKS

Comments/Conditions: Yellow Filter ST marker no risers

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Pool Addition addition does not appear to impact the existing septic system.
**NOTE: ____ R.S.
Date: 10-27-09
ICHD-Environmental Health Division

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 ____
Improvement Permit by: ____ date 1-6-06
Authorization to Construct by: ____ date 1-6-06

Installed by: Craig Thompson
Operation Permit by: James ____ date 7-17-06
Existing System Inspection by: ____ date ____

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