IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123337 PIN# 4747-55-7624 DATE 9/20/04

OWNER OR CONTRACTOR Elston Homes PHONE: Business (704) 883-9995 Home 902-0167

ADDRESS P.O. Box 423 Statesville, N.C. 28687

LOCATION Hwy 21 N, (L) Shumaker Ave turns into White Furrs Rd (R) on Donsdale @ 2nd lot on (R) past Garner ct,

SUBDIVISION Donsdale BLOCK / SECTION I LOT 51 LOT AREA .758 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1007 Date 2-7-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Rmp 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

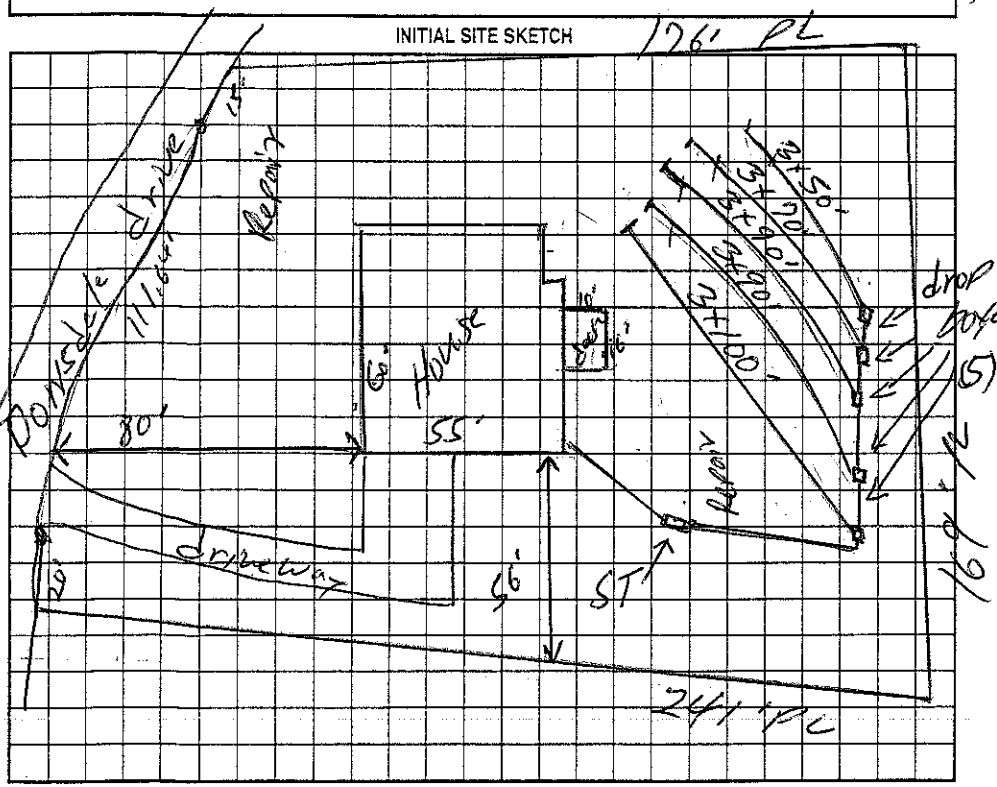
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install lines on contour

Comments:/Conditions: LABEL FILTER + MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN WITH THESE LINE LENGTHS

LINE	
1	102
2	108
3	100
4	83
5	62
	455

WITH 12-16" OF STONE

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: William O. Johnson date 9/20/04

Authorization to Construct by: William O. Johnson date 9/20/04

Installed by: JAMES HYDE (LR)

Operation Permit by: [signature] date 4-19-05

Existing System Inspection by: ____ date ____

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