IREDELL COUNTY HEALTH DEPARTMENT

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

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

OI

PERMIT# 12148 PIN# 4949-55-9447 DATE 6/24/03

OWNER OR CONTRACTOR Joseph Eldridge PHONE: Business (704) 902-0167 Home (704) 873-2531

ADDRESS 169 Primrose Lane Statesville NC 28625

LOCATION Hwy 21 N (L) Shumaker Farms into Whites Farm Rd, (R) Donsdale Drive lot on Right (east 1st Street)

SUBDIVISION Donsdale BLOCK / SECTION 1 LOT 12 LOT AREA .57 Ac SITE CLASS. 55 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 11-2-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 (six) 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, Conv.

Repair System Description: Pump Chamber, LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

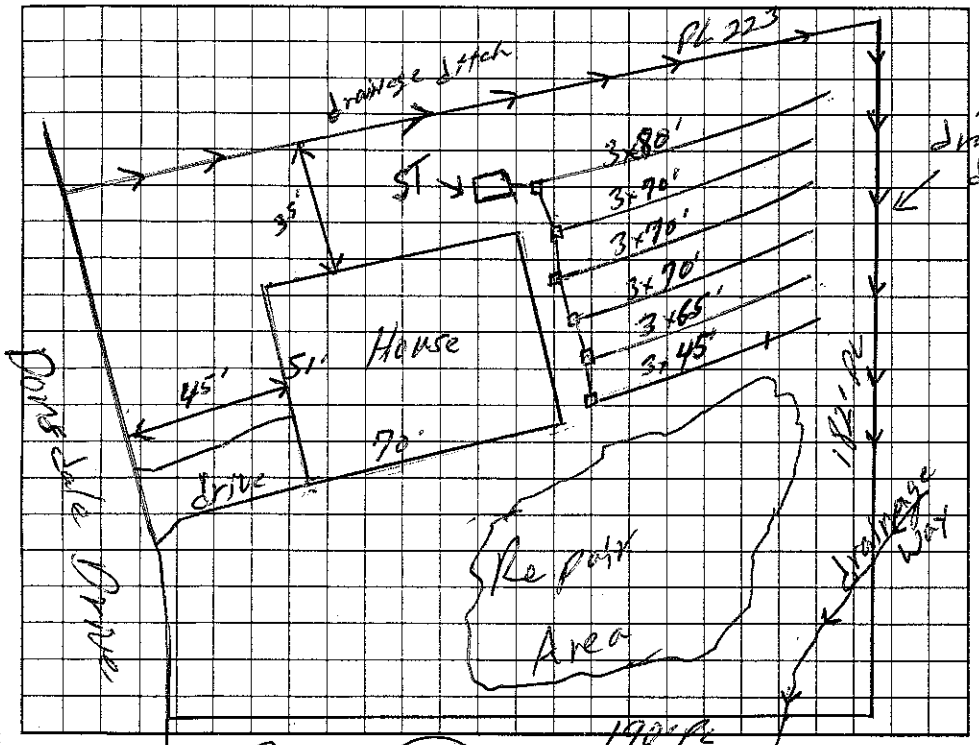
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ① Install lines on contour ② relocate drainage ditch to back property line as shown

Comments/Conditions: Tuff Tite Filter + ST marker

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Site 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: _____ date _____ Installed by: David Yountz

Improvement Permit by: William O. Johnson date 6/24/03 Operation Permit by: William O. Johnson date 12/21/04

Authorization to Construct by: William O. Johnson date 6/24/03 Existing System Inspection by: _____ date _____

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