IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094259 PIN# 4749 58 3719 (PT) DATE 2-10-01

OWNER OR CONTRACTOR ROGER TEMPLETON PHONE: Business Home (704) 873-1014

ADDRESS 590 MOCKSVILLE HWY STATESVILLE, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TL RAIDER RD, TR CON-LEE DR, LOT AT END ON LEFT

SUBDIVISION CON-LEE HGTS BLOCK / SECTION LOT 39 LOT AREA 0.476 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 SPD/FT²

Septic Tank: 1000 Gallons: STB 620 Date 6-6-2000
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No PUMP
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

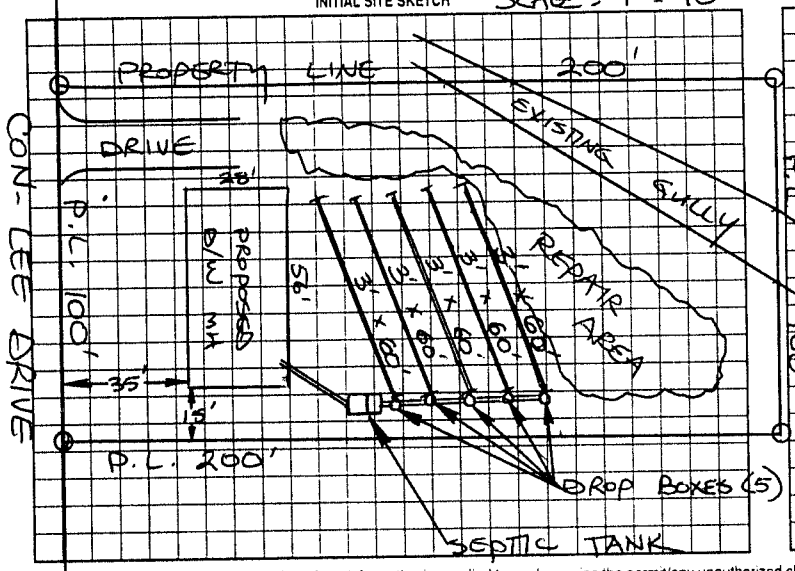
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

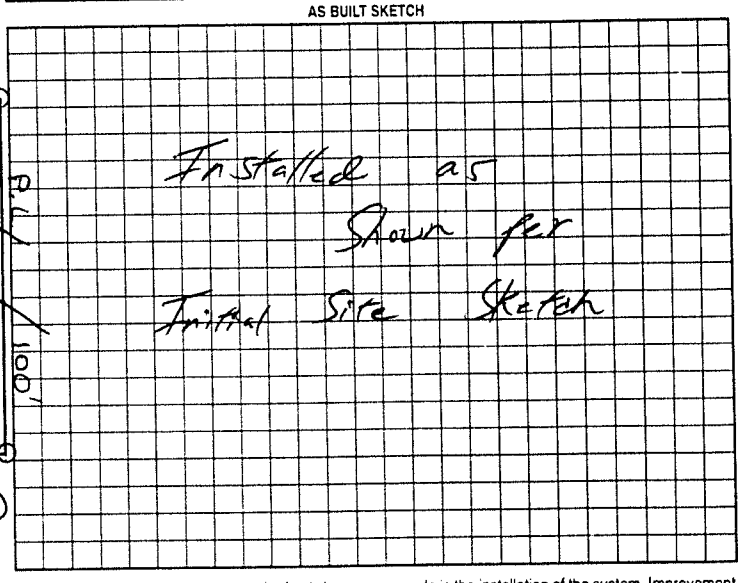
Comments/Conditions:

Comments /Conditions:
- Label Filter Installed
- Tank Risers Installed

INITIAL SITE SKETCH SCALE: 1" = 40'



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: _____ date 2-13-01 Installed by: Sammy Reavis

Improvement Permit by: STEVE HEDRICK date 2-10-01 Operation Permit by: William O. Johnson KSI date 4/23/01

Authorization to Construct by: STEVE HEDRICK date 2-10-01 Existing System Inspection by: _____ date _____

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