IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086353 PIN# 4749 68 0159 DATE 12-2-99

OWNER OR CONTRACTOR MIKE TEMPLETON PHONE: Business 873-1014 Home 878-0658

ADDRESS 137 SILHOUETTE LANE, STATESVILLE, NC 28625

LOCATION US 21 N TL JENNINGS RD, TL RAIDER ROAD, TR CON-LEE DRIVE, 3RD LOT ON RIGHT

SUBDIVISION CON-LEE HEIGHTS BLOCK / SECTION ____ LOT 6 LOT AREA 100 FT X 200 FT SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 3-10-00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines SIX 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: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

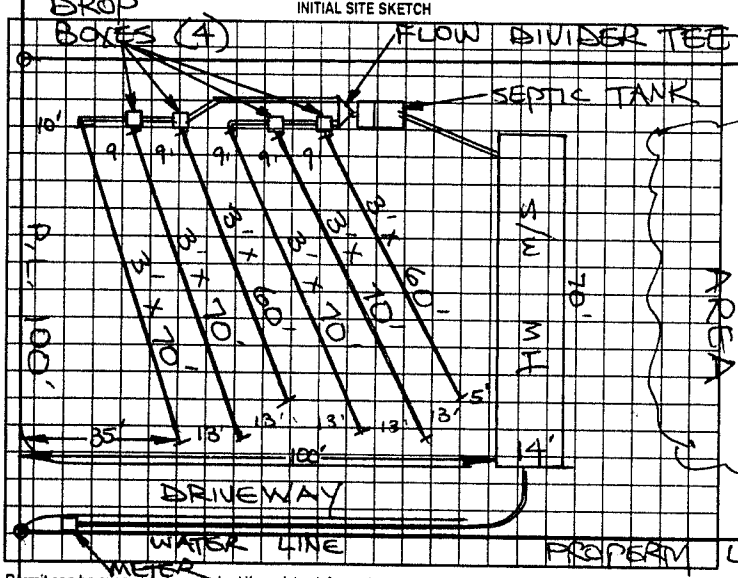
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

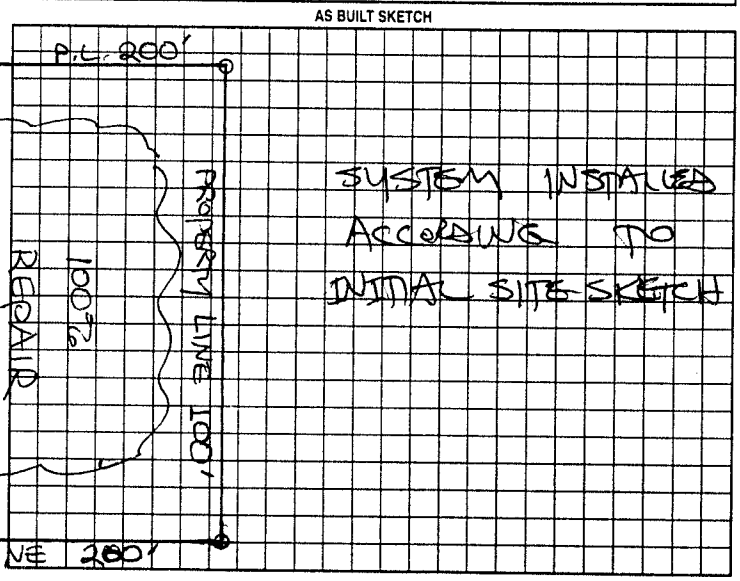
Comments:/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "TUFTITE" FILTER

SCALE: 1" = 30'

INITIAL SITE SKETCH



AS BUILT SKETCH



CON-LEE DRIVE

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 12-3-99 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 12-2-99 Operation Permit by: STEVE HEDRICK date 5-19-00

Authorization to Construct by: STEVE HEDRICK date 12-2-99 Existing System Inspection by: ____ date ____

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