IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094438 PIN# 4751 25 1045 DATE 2/16/01

OWNER OR CONTRACTOR ERIC NORMAN PHONE: Business _____ Home (704) 636-3926

ADDRESS P.O. BOX 1195, SALISBURY, NC 28144

LOCATION HWY 21 TO OSWALT AMITY, ① PELCH RD. ON ② ACROSS FROM CASE FARMS

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.95Ac. SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 2/19/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 450'
No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

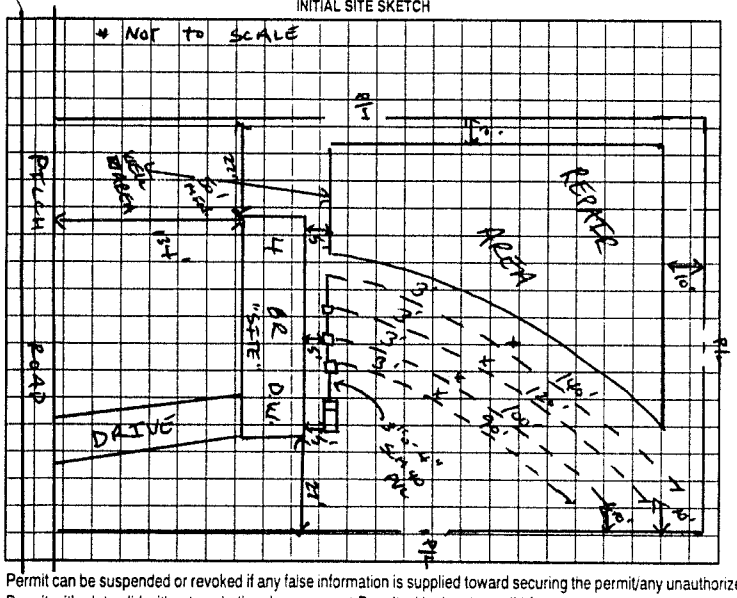
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

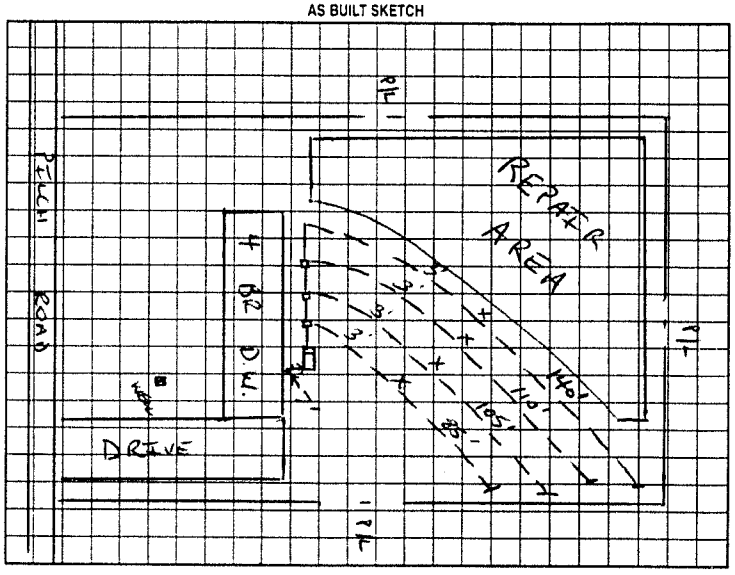
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN SETBACKS ④ INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: ① PUMP SEPTIC TANK EVERY 3 5 YRS

INITIAL SITE SKETCH



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: Eric Norman date _____ Installed by: A-1 BACKHOE

Improvement Permit by: [signature] date 2/16/01 Operation Permit by: [signature] date 5/7/01

Authorization to Construct by: [signature] date 2/16/01 Existing System Inspection by: _____ date _____

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