IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 72631 PIN# 4752 50 9201 DATE 11-18-98

OWNER OR CONTRACTOR Phyllis L. Plyler PHONE: Business _____ Home _____

ADDRESS 665 Shiloh Church Rd

LOCATION I-77 To Amity Hill To ~~Amity Hill~~ Shiloh ch Rd 2nt lot Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15 acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1794 Date 9-16-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: Gravity 250 Lpd

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

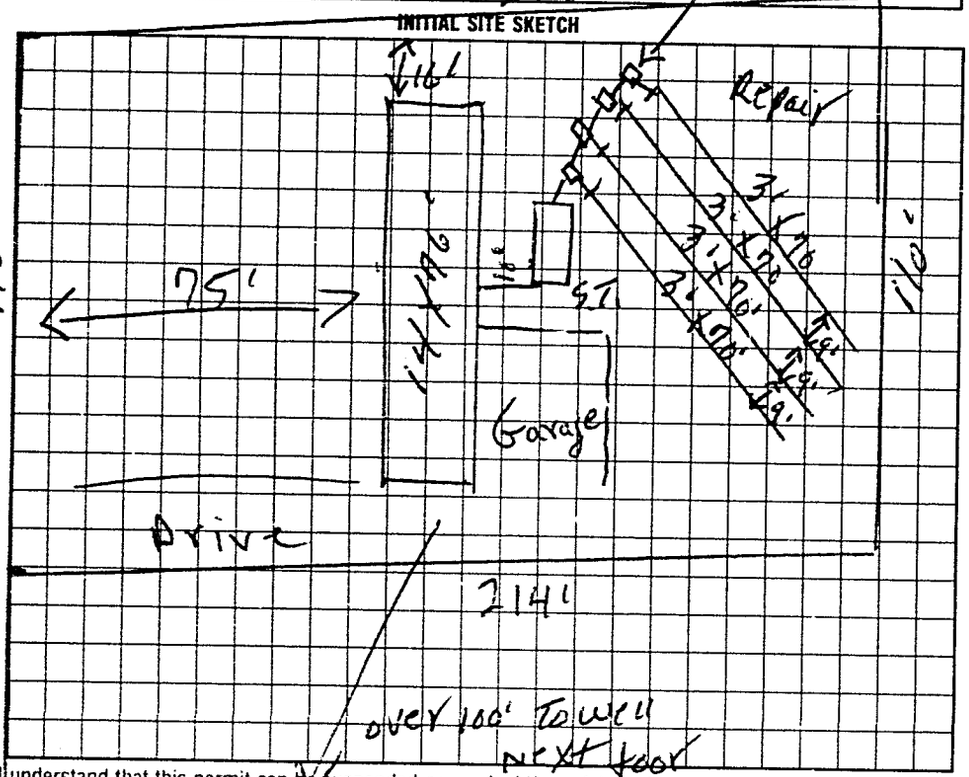
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial Sketch

I understand that this 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: Phyllis L. Plyler By: Betty P. Cooper date 11-18-98

Improvement Permit by: H. C. Moore date 11-18-98

Authorization to Construct by: H. C. Moore date 11-18-98

Installed by: Tucker's Hauling & Grading

Operation Permit by: H. C. Moore date 12-15-98

Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

FILED