(61)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136108 PIN# 4753-71-4059 DATE 06/14/06

OWNER OR APPLICANT HAROLD RIDDLE PHONE: Business 704-528-1306 Home 704-873-0872

ADDRESS 356 SHILOH RD. STATESVILLE, NC

LOCATION HWY 70 EAST, (R) SHILOH RD., ~1.1 MILES ON RIGHT.

SUBDIVISION N/A BLOCK / SECTION — LOT — LOT AREA 1.51 Ac. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 794 Date 05/28/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY, 25% REDUCTION
Repair System Description: GRAVITY, 25% REDUCT.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

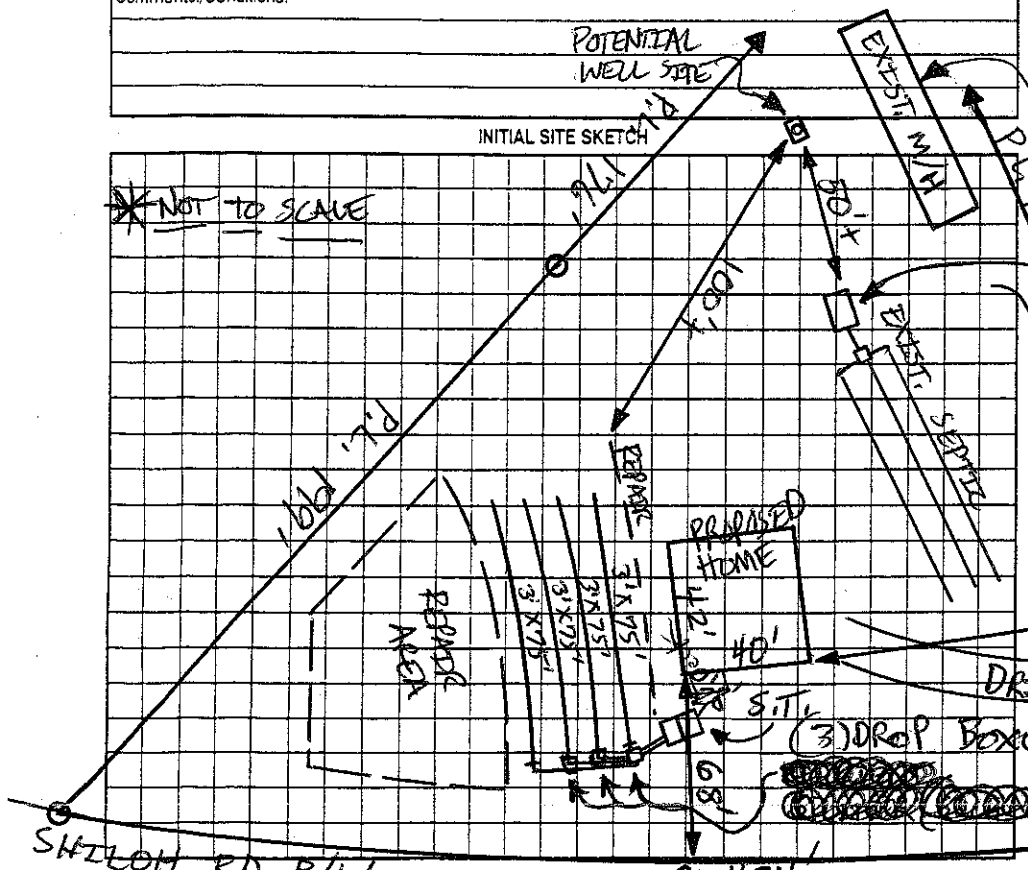
Water Supply: ☒ Individual - WELL ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

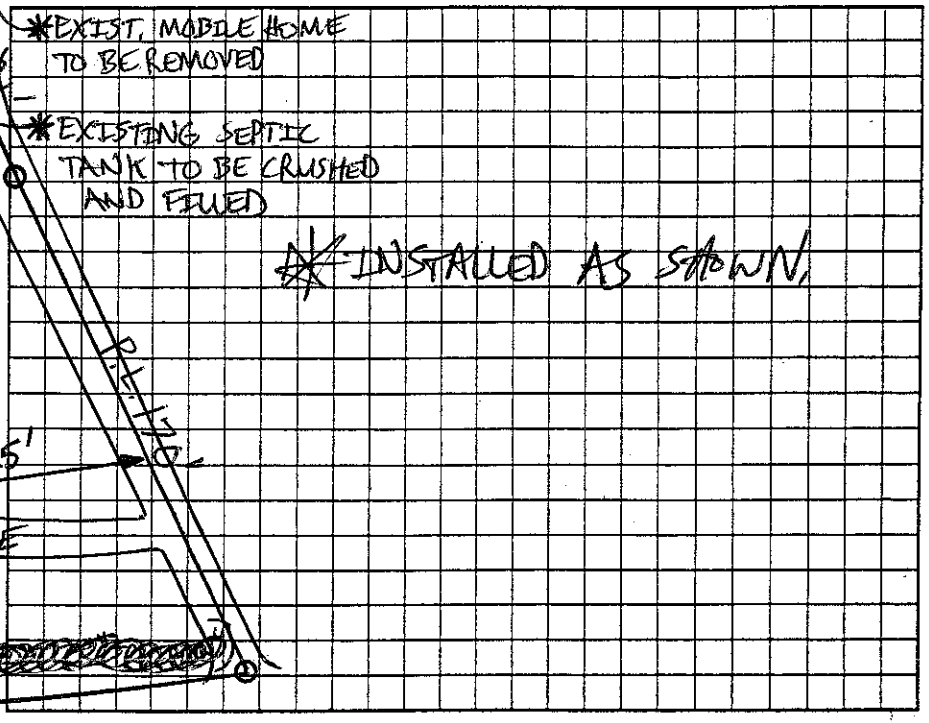
POTENTIAL WELL SITE

INITIAL SITE SKETCH



Comments:/Conditions:

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: Harold Riddle date 6/14/06 Installed by: TUCKER GRADING

Improvement Permit by: Patsy Mitchell date 06/14/06 Operation Permit by: Patsy Mitchell date 10/31/06

Authorization to Construct by: Patsy Mitchell date 06/14/06 Existing System Inspection by: ____ date ____

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