IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 139757 PIN# 4757865541 DATE 12-6-06

OWNER OR APPLICANT Edelle Summers PHONE: Business _____ Home 704-880-1933

ADDRESS 402 River Hill RD Statesville NC 28625

LOCATION 21 North Right past North gate

SUBDIVISION Dunlap Gate BLOCK / SECTION II LOT 41 LOT AREA 1.19 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1050 Gallons; STB 760 Date 10-17-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360

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

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Gravity

Repair System Description: 25% Pump

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

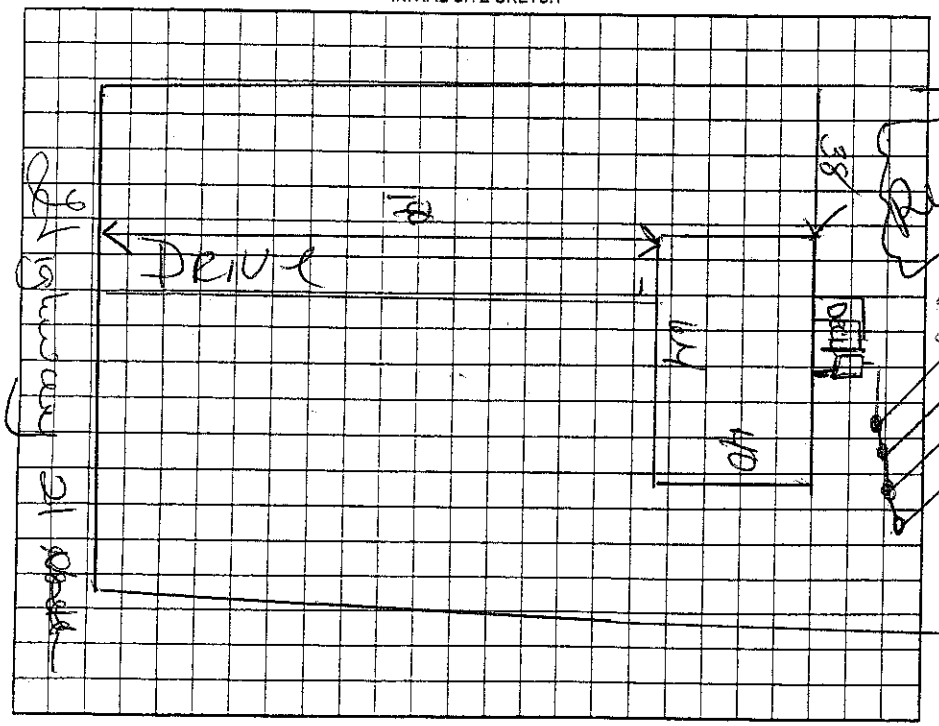
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

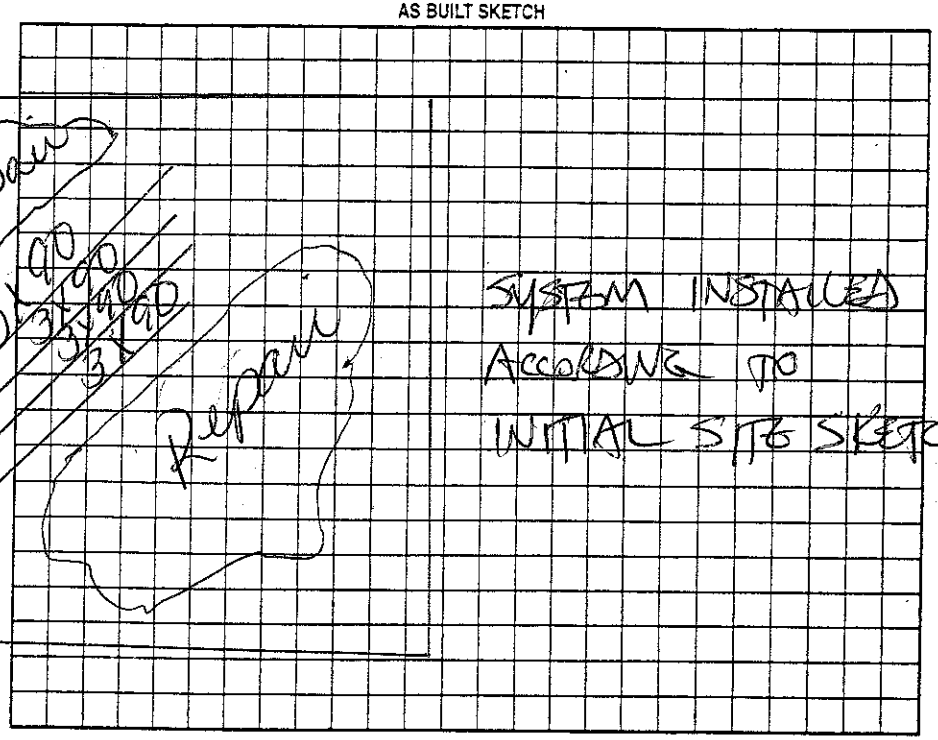
Comments:/Conditions:
Call Health Dept for flagging after trench is backed off

Comments:/Conditions: RED Poly Lok FILTER INSTALLED IN TANK
Install on Contour
Maintain all setbacks

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: _____ date _____

Improvement Permit by: _____ date 12-6-06

Authorization to Construct by: _____ date 12-06-06

Installed by: APC GRADING & HAULING, LLC

Operation Permit by: STEVE HENDRICK date 3-22-07

Existing System Inspection by: _____ date _____

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