IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075576 PIN# ~~4760 93 2371~~ 4761 908 128 DATE 8/17/98

OWNER OR CONTRACTOR Elizabeth Tolbert PHONE: Business 664-2711 Home

ADDRESS 1495 Shinnville Rd. ~~Iotla~~ Cleveland, NC. 27013

LOCATION 115 N TR-Shinnville Rd, ~ 2 miles on (L) Lefler Ferry Lane MH Park

SUBDIVISION No BLOCK / SECTION LOT LOT AREA 14.2 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 6/7/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 500 * Linear Feet 300 *
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: ~~Brentwood~~ CH. PLASTIC *
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

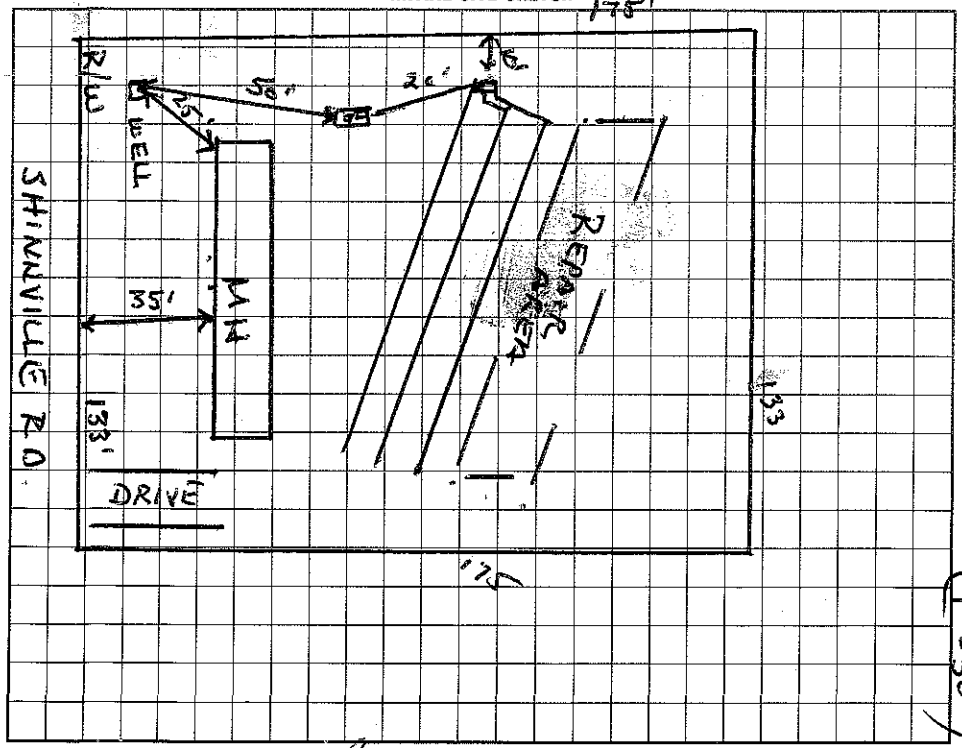
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

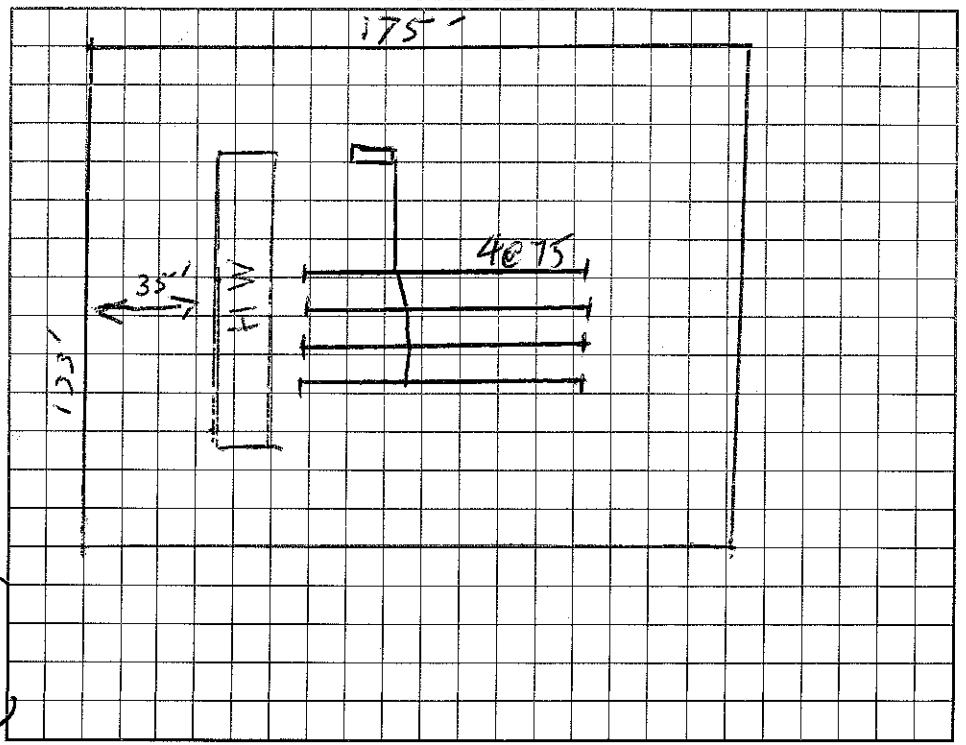
Comments:/Conditions:

Comments:/Conditions: ~~Rock~~ GRAVEL WAS PUT AROUND CHAMBERS INSTEAD OF SAND. - & THE STATE APPROVED THE SYSTEM.

INITIAL SITE SKETCH



AS BUILT 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: _____ date 8-19-98 Installed by:

Improvement Permit by: Wesley Sparks R.S. date 8/17/98 Operation Permit by: _____ date 8/25/98

Authorization to Construct by: Wesley Sparks R.S. date 8/17/98 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