IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133549 PIN# 4764 353397 1135 DATE 2-14-06

OWNER OR CONTRACTOR Elston Home LLC PHONE: Business 704-883-9995 Home

ADDRESS BOX 423 Statesville NC 28687

LOCATION Hwy 64 E. to RD Bell Farm RD to Skyland to Winfield DR property

SUBDIVISION Cates Farm / BLOCK / SECTION 1 LOT 24 LOT AREA .733 SITE CLASS. B DESIGN FLOW @480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 06/05/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Ground

Repair System Description: 25% Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

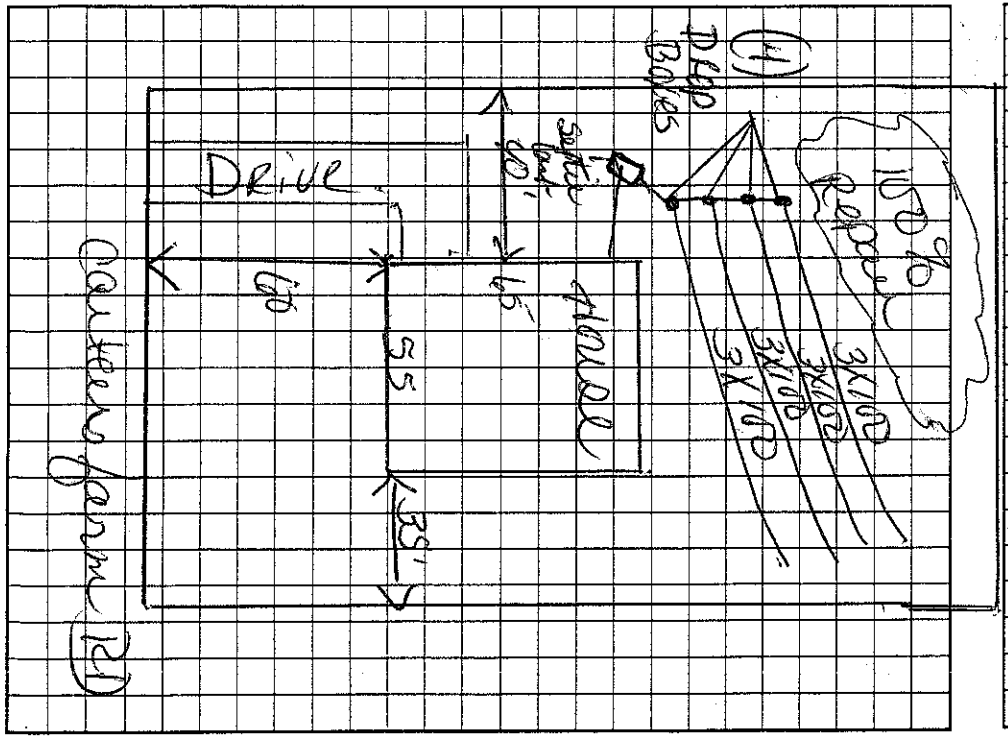
Comments:/Conditions:

Maintain all setbacks
Install on contour

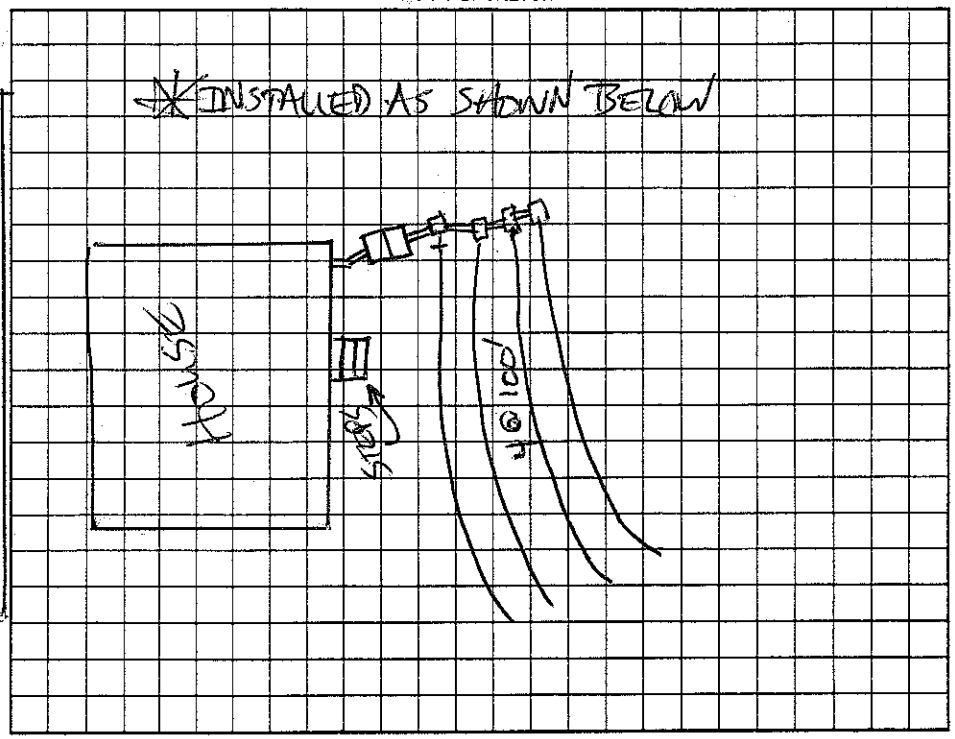
Comments:/Conditions:

*USED TUFF-TIGHT (YELLOW) FILTER IN S.T.

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 2-14-06 Installed by: Chris Thompson

Improvement Permit by: _____ date 2-14-06 Operation Permit by: _____ date 11/03/06

Authorization to Construct by: _____ date 2-14-06 Existing System Inspection by: _____ date _____

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