IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 9-21-07

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

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

PERMIT# 145277 PIN# 4764-46-1142 DATE 1-31-08

OWNER OR APPLICANT JOSEPH L. ELDRIDGE II PHONE: Business 704-878-2531 Home

ADDRESS 169 PRIMROSE LANE, STATESVILLE, NC 28625

LOCATION US64 E, TR BELL FARM RD, TR SKYLAND, TR CARTERS FARM, TR WINFIELD PL, ON (R) ATENA

SUBDIVISION CARTER FARMS BLOCK / SECTION 1 LOT 12 LOT AREA 1.425 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0/25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-14-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ 1920 Linear Feet 480

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

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

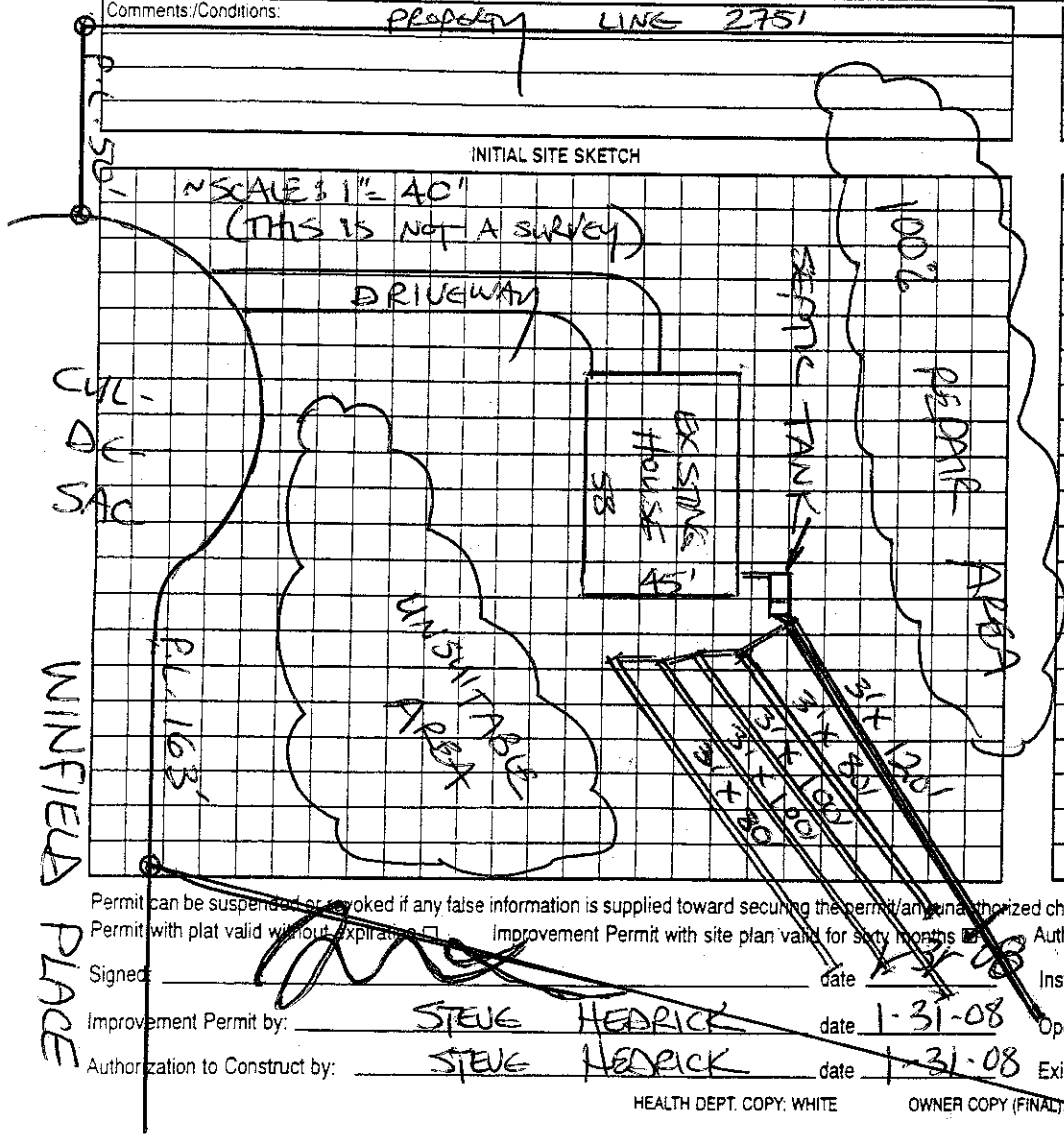
Water Supply: ☐ Individual ☑ Public ☐ Community

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

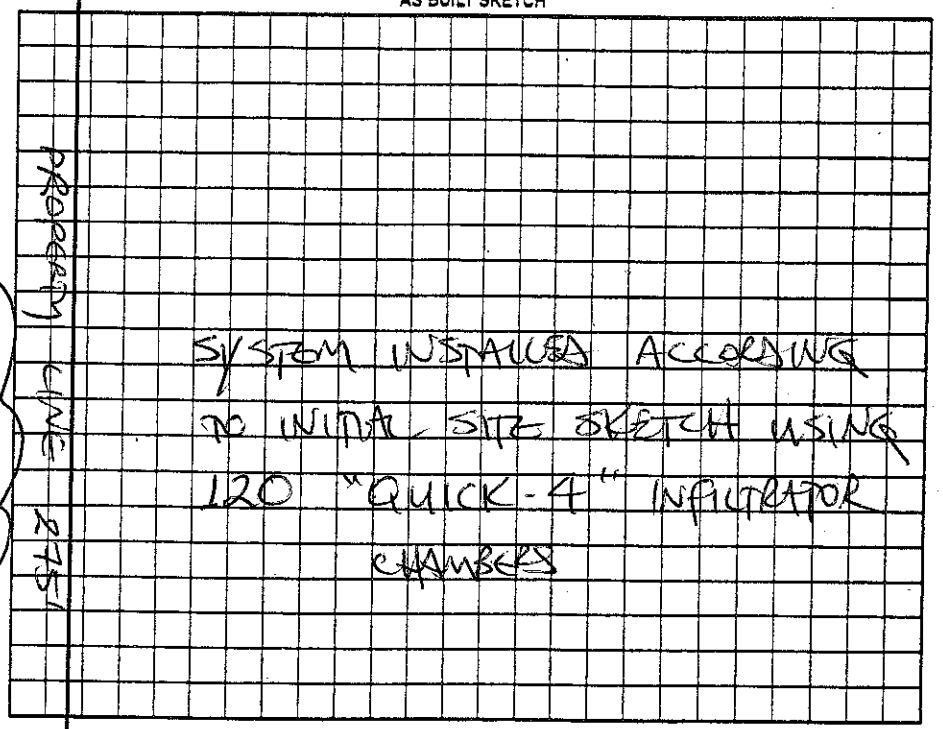
Comments/Conditions: PROPERTY LINE 275'

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "TUFFTITE" FILTER

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: STEVE HEDRICK date 1-31-08

Authorization to Construct by: STEVE HEDRICK date 1-31-08

Installed by: CRAIG THOMPSON

Operation Permit by: ____ date 4-16-08

Existing System Inspection by: ____ date ____

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