CI THIS PERMIT REPLACES PREVIOUS ISSUED 11-22-2006

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139132 PIN# 4764-55-0995 DATE 4-4-07

OWNER OR APPLICANT ELSTON HOMES PHONE: Business 704-902-0167 Home 704-876-4240

ADDRESS P.O. BOX 423 STATESVILLE, NC 28625

LOCATION US 64 EAST, TR BELL FARM RD, TR SKYLAND DRIVE, LOT #26 ON LEFT

SUBDIVISION SKYLAND BLOCK / SECTION ____ LOT 26 LOT AREA 0.69 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 4-23-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model EQ 90 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240+

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Min. Depth 24"

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

System Description: 50% REDUCTION, EFLUIM

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

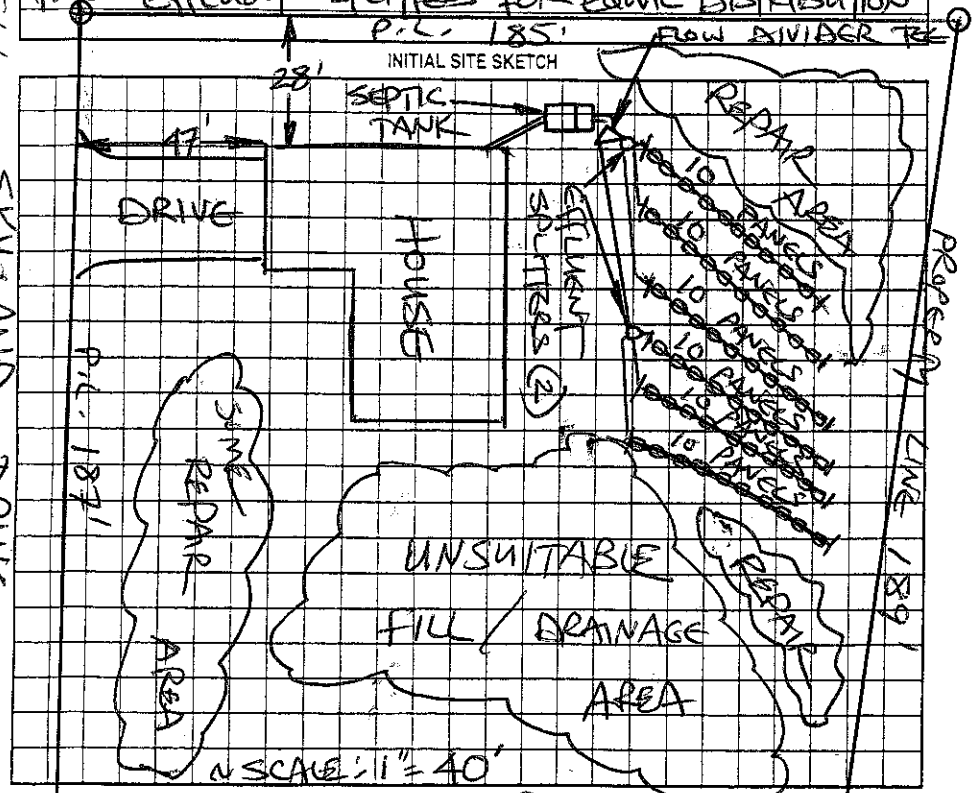
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: INSTALL 50% REDUCTION SYSTEM USING 60 PPBDS PANELS USING ONE FLOW DIVIDER AND TWO EFFLUENT SPLITTERS FOR EQUAL DISTRIBUTION

Comments/Conditions: Yellow 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 4-4-07

Authorization to Construct by: STEVE HEDRICK date 4-4-07

Installed by: Craig Thompson date 6-14-07

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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

Site address: 173 Highland Drive SKYLAND DRIVE