THIS PERMIT REPLACES PREVIOUS ISSUED 11-22-06

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139133 PIN# 4764-56-1141 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 ROAD, TR SKYLAND DRIVE, LOT # 27 ON LEFT

SUBDIVISION SKYLAND BLOCK / SECTION ____ LOT 27 LOT AREA 0.77 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-6-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1800 Linear Feet 450

No Lines FOUR 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 SYSTEM

Repair System Description: 50% REDUCTION (LOW PRESSURE)

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

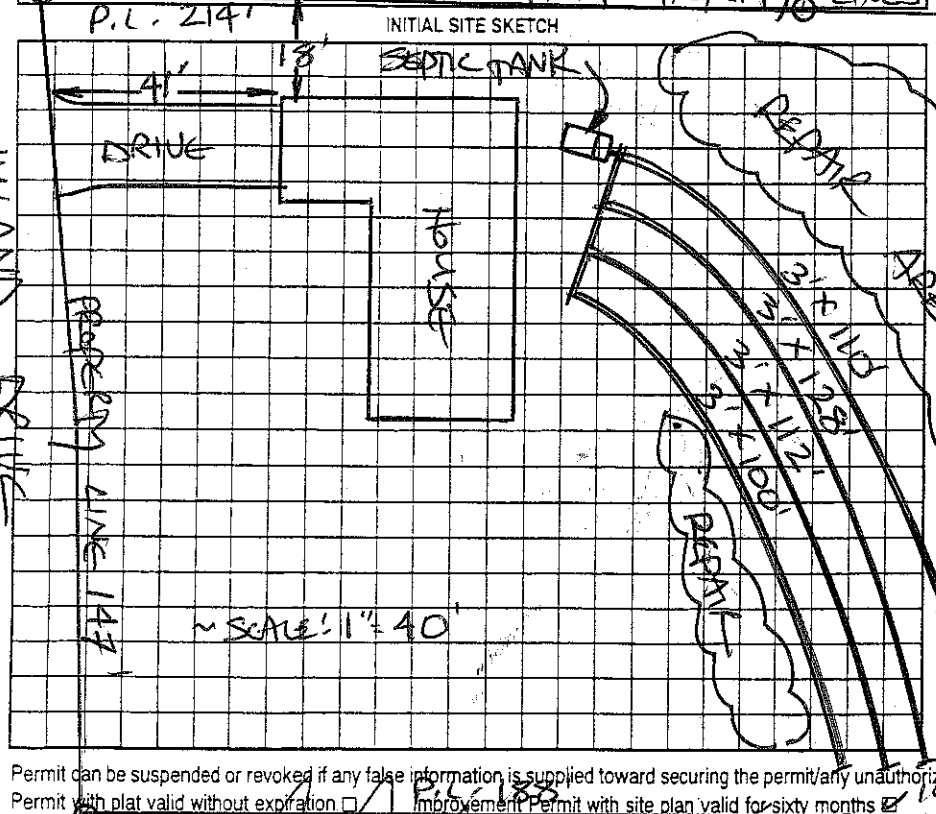
Water Supply: ☐ Individual ☑ Public ☐ Community

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

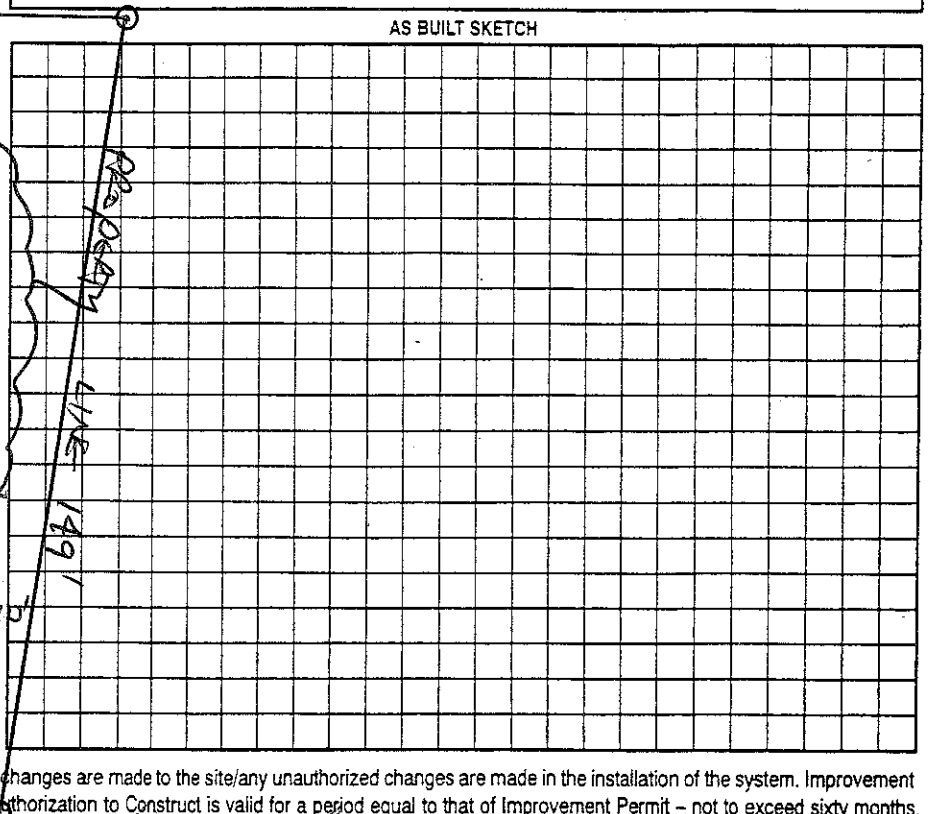
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR USING END CAPS FOR SERIAL DIST. (BY OWNER REQUEST) ② KEEP SYSTEM MINIMUM 10' FROM PROPERTY LINES

Comments/Conditions: YELLOW LIGHT-LID SEPTIC TANK MARKER

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 ____ Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 4-4-07 Operation Permit by: ____ date 1/11/07

Authorization to Construct by: STEVE HEDRICK date 4-4-07 Existing System Inspection by: ____ date ____

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