CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100859 PIN# 4775-14-0974.80 DATE 6-29-01

OWNER OR CONTRACTOR JOEY ELDRIDGE PHONE: Business 336-345-8064 Home 704-878-2531

ADDRESS 169 Primrose Ln STATESVILLE NC 28625

LOCATION 64E, (A) SAIN, (C) SPRING FOREST ON LFT 84 CUL DE SAC

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 80 LOT AREA 0.7AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .2

Septic Tank: 1000 Gallons: STB 1012 Date 10-3-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I. II. [III] IV. V. VI
System Description: GRAY 25% RED
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

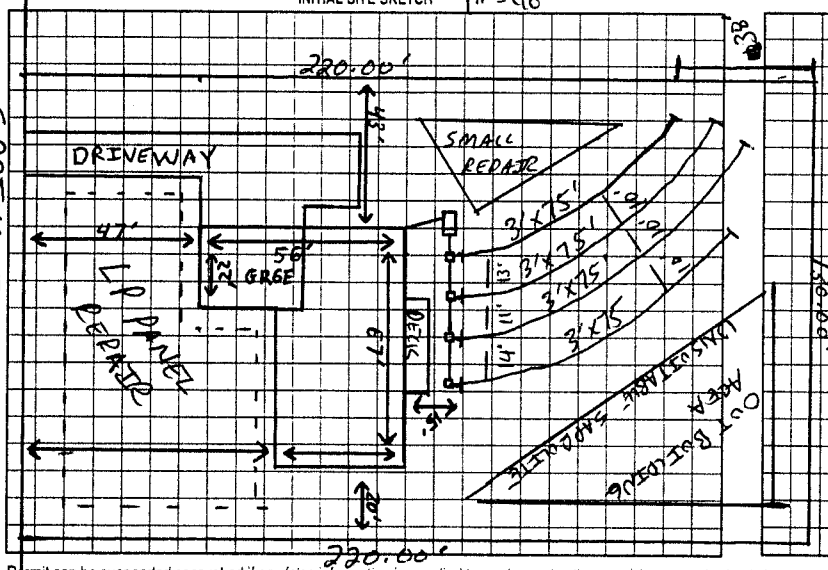
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

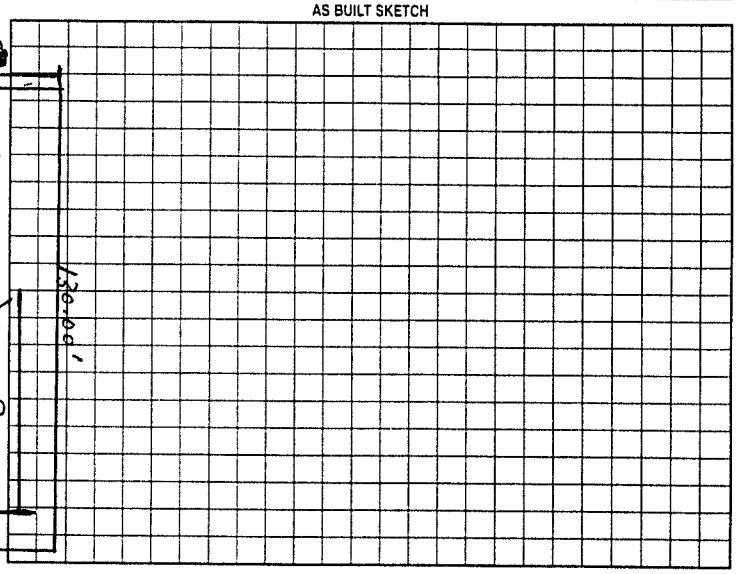
Comments/Conditions: (1) STUB OUT AT GROUND LEVEL TO ACHIEVE FALL TO TANK (2) INSTALL LINES ON CONTOUR (3) MAINTAIN SETBACKS (4) USE 50 CHAMBERS OR 30 HDS SECTIONS

Comments/Conditions: POLYLOC FILTER + MARKERS
LINES MUST STRETCH THRU CURVES

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH



SPRING FOREST DRIVE

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: Dick B Eldridge date 6-29-01
Improvement Permit by: [signature] REHS date 6-29-01
Authorization to Construct by: [signature] REHS date 6-29-01

Installed by: Tommy Frye
Operation Permit by: [signature] REHS date 02-27-02
Existing System Inspection by: ____ date ____

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