IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (A) MOORESVILLE 704-664-5281

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

PERMIT# 141044 PIN# 4784-04-4279 DATE 3-23-07

OWNER OR APPLICANT LLOYD ELLIOTT PHONE: Business 352-357-3660 Home 704-873-7717

ADDRESS 495 ELMWOOD ROAD STATESVILLE NC 28625

LOCATION US 70 EAST, TL ELMWOOD ROAD, HOUSE ON RIGHT AT # 495 ELMWOOD ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.5 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.20 GPD/FT²

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 380

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Persons _____ No. Employees _____

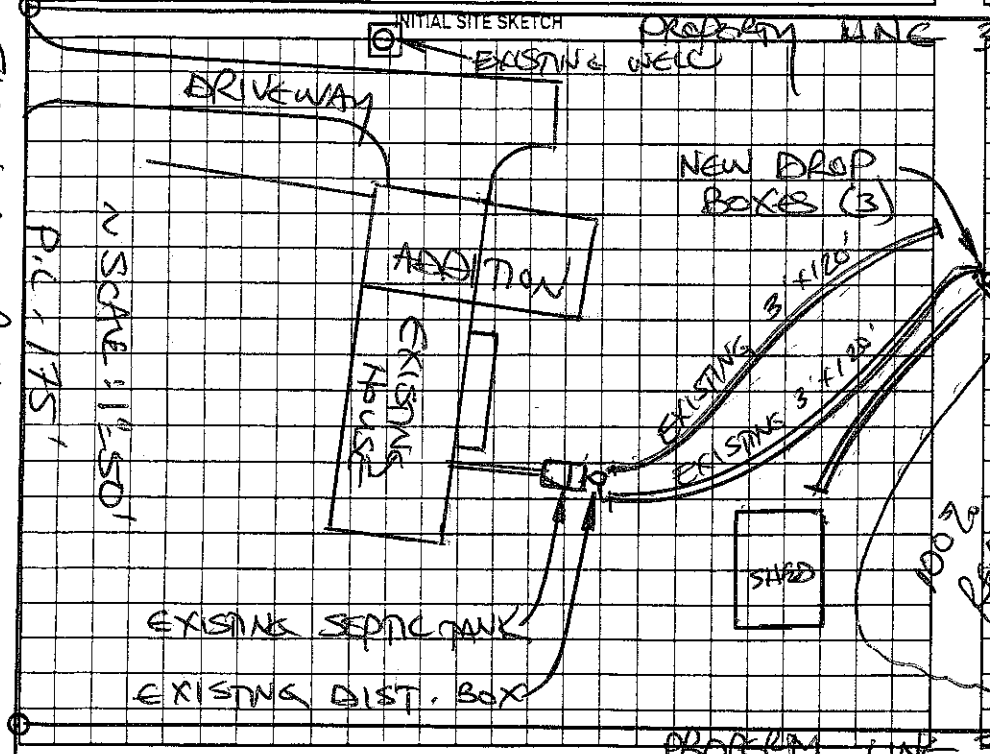
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

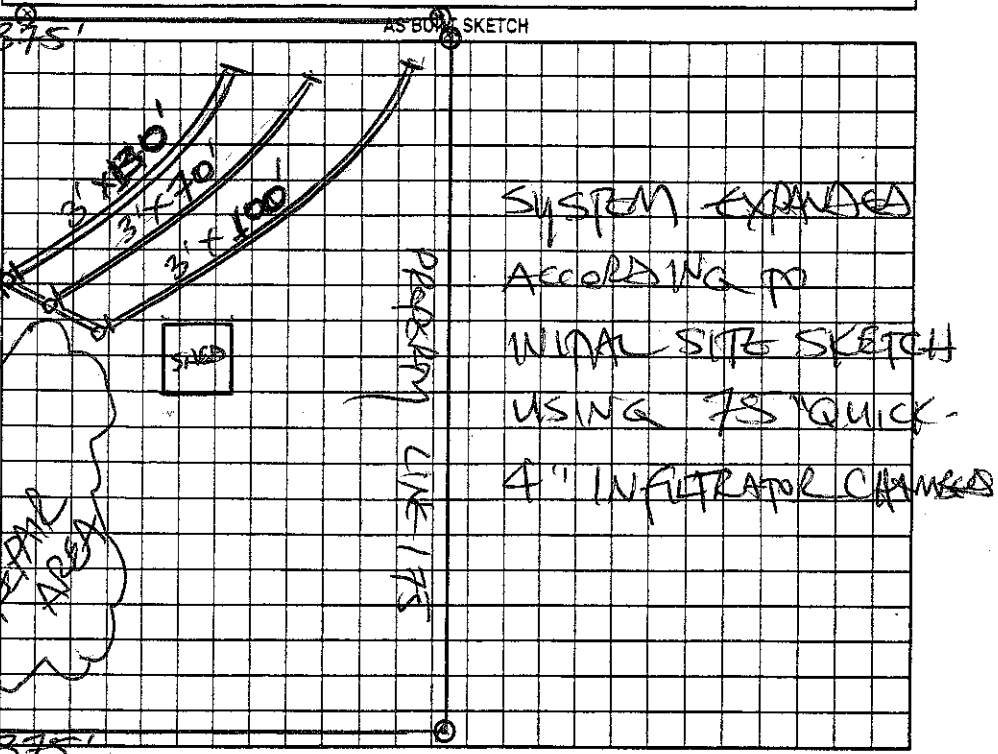
Comments:/Conditions: EXPAND EXISTING SYSTEM AS SHOWN USING 25% REDUCTION SYSTEM ON CONTOUR

Comments:/Conditions:

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: Kimberly A Williams date 3/23/07 Installed by: TUCKER'S HAULING & GRADING

Improvement Permit by: STEVE HEDRICK date 3-23-07 Operation Permit by: STEVE HEDRICK date 5-7-07

Authorization to Construct by: STEVE HEDRICK date 3-23-07 Existing System Inspection by: _____ date _____

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