# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100149 PIN# 4789 41 1871 DATE 7-2-01

OWNER OR CONTRACTOR DARLENE ECKLES PHONE: Business Home (704) 528-4516

ADDRESS 175 TINSLEY ROAD, STATESVILLE, NC 28625

LOCATION OLD MOCKSVILLE ROAD NB, TL CARTNER ROAD TL TINSLEY ROAD, AT END TO LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.04 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 6-13-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: LOW PRESSURE PIPE

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

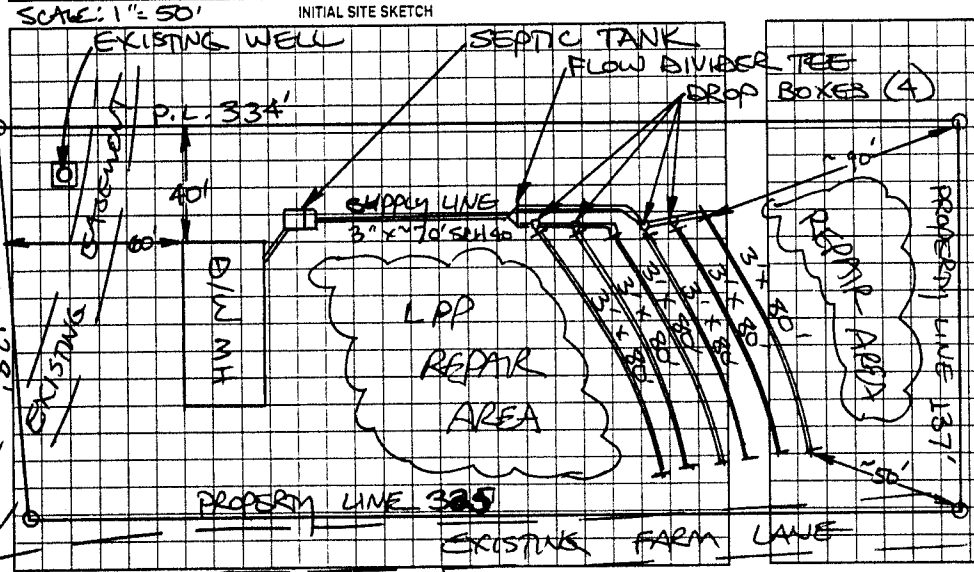
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

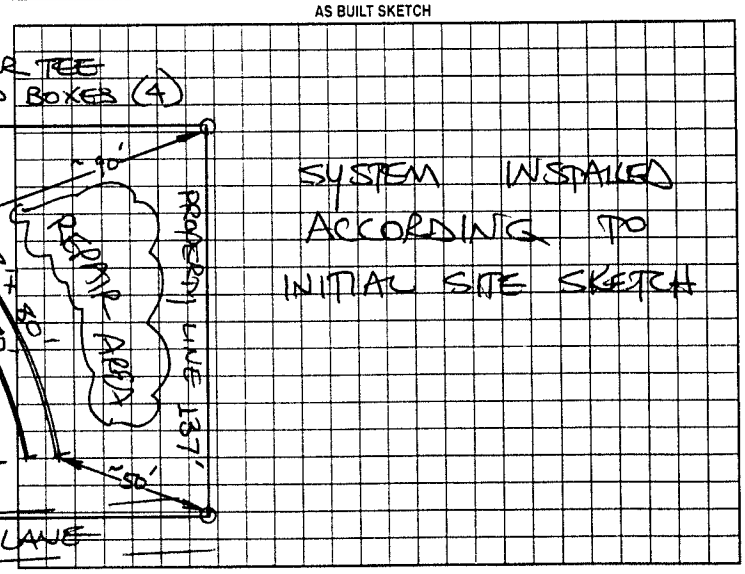
Comments/Conditions: INSTALL TRENCHES ON CONTOUR, NO DEEPER THAN 24"

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

SCALE: 1" = 50' 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 7-5-01 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 7-2-01 Operation Permit by: STEVE HEDRICK date 7-18-01

Authorization to Construct by: STEVE HEDRICK date 7-2-01 Existing System Inspection by: _____ date _____

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