IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# MIGRANT EXPANSION PIN# 4800-74-~~3483~~ 3372 DATE 3-21-03

OWNER OR CONTRACTOR CARL S. SLOAN PHONE: Business _____ Home 704-876-1351

ADDRESS 615 CATTLEMAN'S ROAD STATESVILLE NC 28677

LOCATION NC 115 NORTH, TL DAMASCUS CHURCH RD, TR CATTLEMAN'S ROAD, 1ST DRIVE ON ~~RIGHT~~

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~~ACREAGE~~ 88.69 SITE CLASS. FS DESIGN FLOW 720 L.T.A.R. 0.35 GPD/FT²

NEW

Septic Tank: 1000 Gallons; STB 1007 Date 2-18-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms BARRACKS

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☑ Other MIGRANT - 12 TOTAL

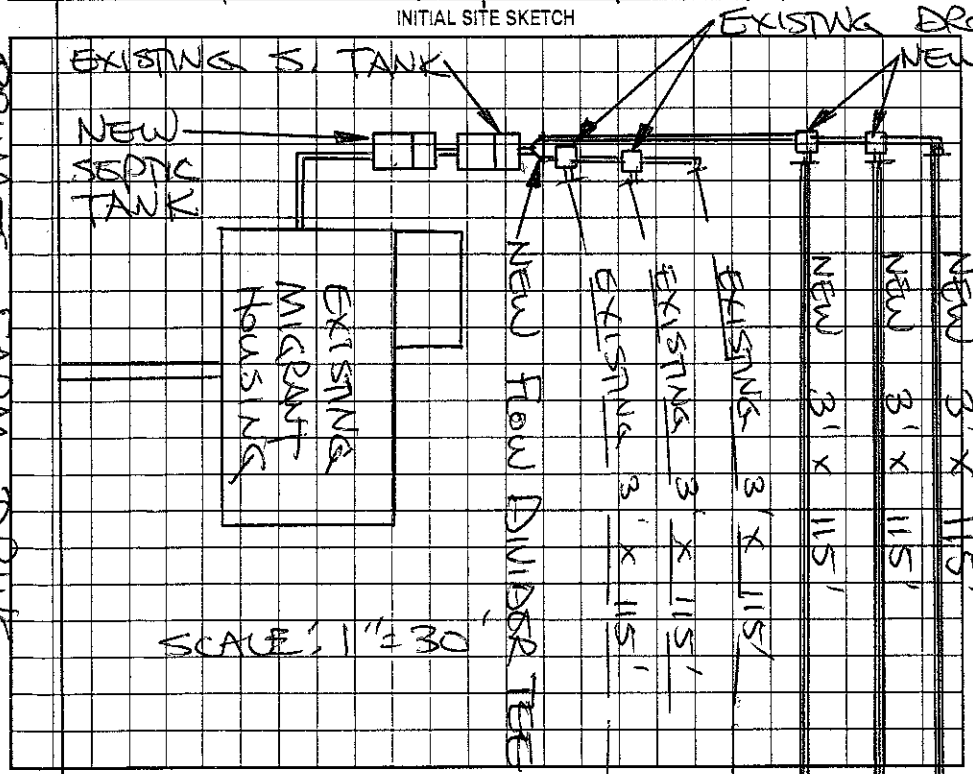
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

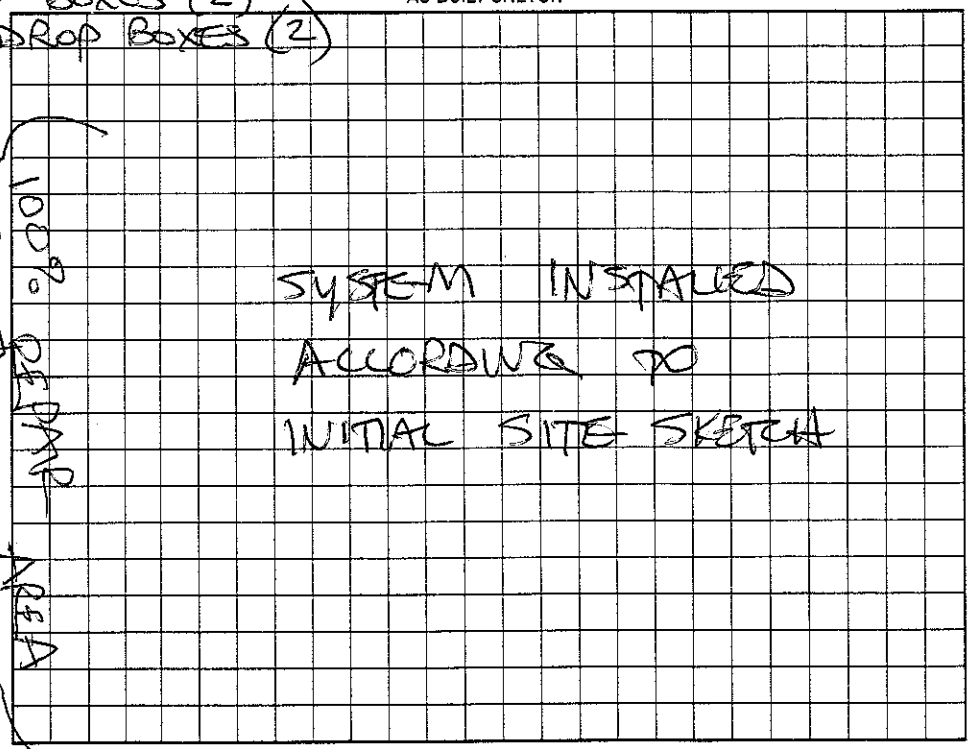
Comments:/Conditions: ① INSTALL NEW SEPTIC TANK W/ FILTER IN LINE WITH EXISTING SEPTIC TANK AS SHOWN. ② INSTALL NEW FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" 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: x Carl S. Sloan date 3/21/03 Installed by: KENNY PEARSON

Improvement Permit by: STEVE HEDRICK date 3-21-03 Operation Permit by: STEVE HEDRICK date 3-31-03

Authorization to Construct by: STEVE HEDRICK date 3-21-03 Existing System Inspection by: _____ date _____

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