IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103412 PIN# 4800-74-3483 DATE 11-19-01

OWNER OR CONTRACTOR CARL SLOAN PHONE: Business (704) 880-1661 Home (704) 876-1351

ADDRESS 615 CATTLEMANS ROAD, STATESVILLE, NC 28625

LOCATION NC 115 N, TL DAMASCUS CH. RD, TR CATTLEMANS ROAD, TR 1ST DRIVE, HOUSE AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 38.69 ACRES SITE CLASS PS DESIGN FLOW 240 / L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 12-13-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 710 Linear Feet 270
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
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

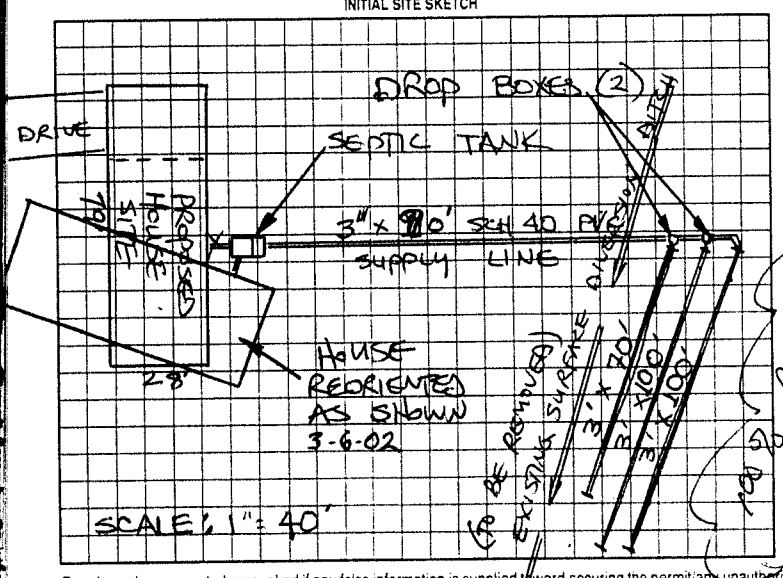
☐ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

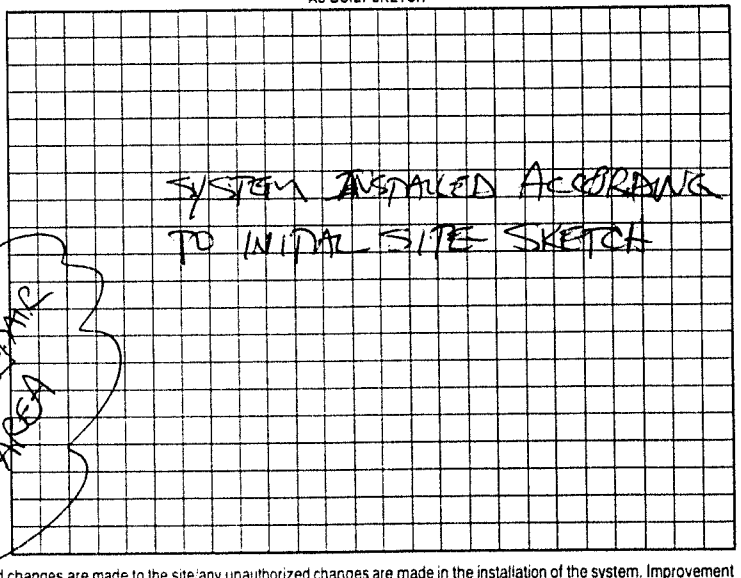
Comments/Conditions: REMOVE EXISTING SURFACE DRAINAGE DITCH AS SHOWN

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "PayLok" 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: Carl S Sloan date 11-19-01

Improvement Permit by: STEVE HEDRICK date 11-19-01

Authorization to Construct by: STEVE HEDRICK date 11-19-01

Installed by: KENNY PEARSON

Operation Permit by: STEVE HEDRICK date 3-7-02

Existing System Inspection by: _____ date _____

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