IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119596 PIN# 4803-60-6458 DATE 4/15/04

OWNER OR CONTRACTOR KELLY PAUL GRADY ETAL PHONE: Business _____ Home (919) 658-6828

ADDRESS 575 BEAUTANCUS RD MT. OLIVE 28365

LOCATION 115 N TO LOVE VALLEY (L) COOLBROOK 3 MI. ON DOWN ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 33.33 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-18-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

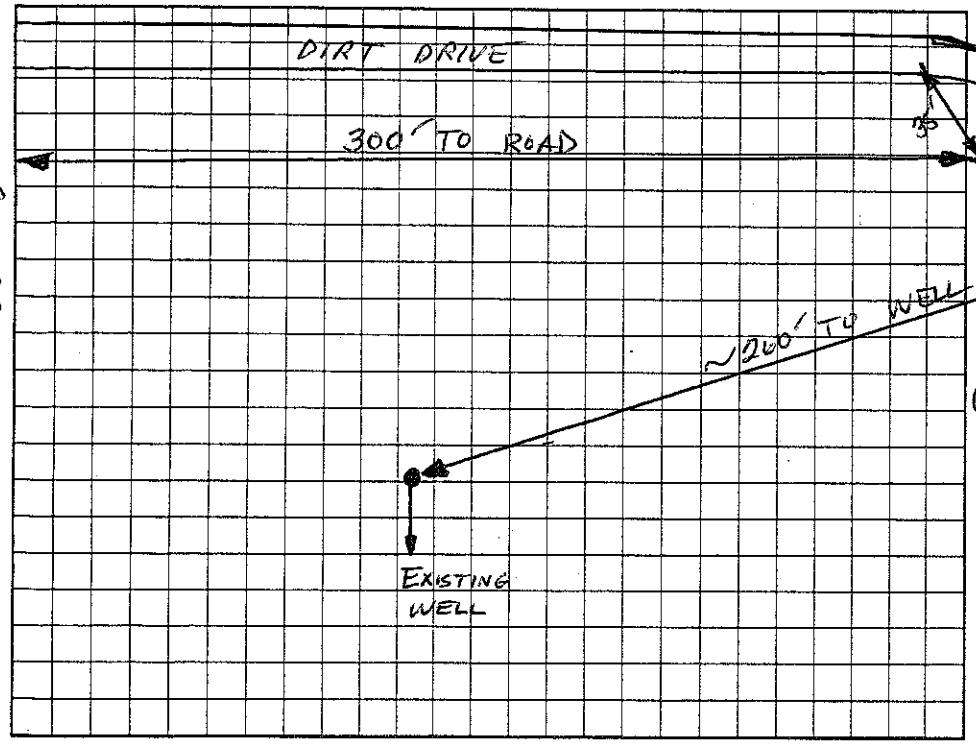
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

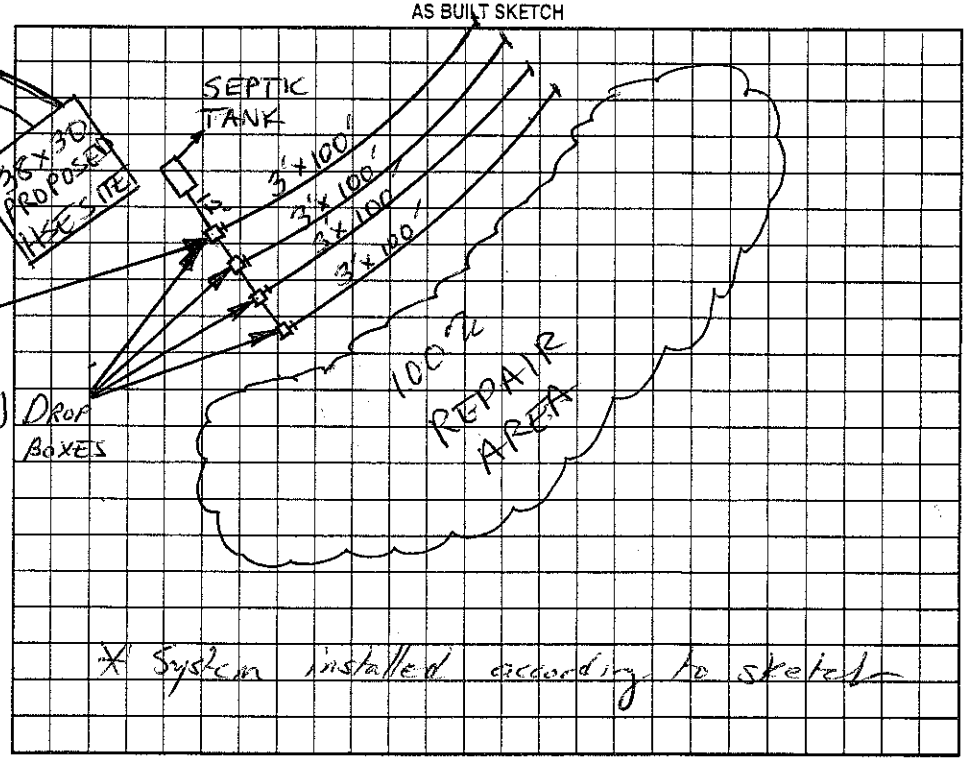
Comments:/Conditions: (1) INSTALL LINES ON CONTOUR
(2) MAINTAIN ALL SETBACKS

Comments:/Conditions: (1) Tuff-Kit Filter (2) #57 stone

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: Kelly K Grady date _____ Installed by: STEVE JORDAN

Improvement Permit by: Christopher M. Shell RS date 4/15/04 Operation Permit by: Christopher M. Shell RS date 11-8-04

Authorization to Construct by: Christopher M. Shell RS date 4/28/04 Existing System Inspection by: _____ date _____

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