EDELL COUNTY HEALTH DEPARTMENT

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

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

MIT# 118093 PIN# 4803-83-1749 DATE 2-2-04

ER OR CONTRACTOR PAM CHASE PHONE: Business _____ Home 704-393-7152

RESS 8027 TROTTER ROAD, CHARLOTTE NC 28216

ATION NC 115 NORTH, TL LINNEY'S MILL ROAD, 2.7 MILES ON RIGHT (2ND ON RIGHT PAST HILLSDALE RD)

DIVISION BRUSHY MTN ACRES BLOCK / SECTION _____ LOT 7 LOT AREA 7.2 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

tic Tank: 1000 Gallons; STB 1012 Date 7-20-04

np Tank: _____ Gallons; PT _____ Date _____

np Make: _____ Model _____ Serial No. _____

ification Field: No Fields 1 Square Feet 1600 Linear Feet 540

Lines SIX 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 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

ments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL LINES ON CONTOUR AS FLAGGED. ③ NO VEHICULAR TRAFFIC ALLOWED OVER SYSTEM

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

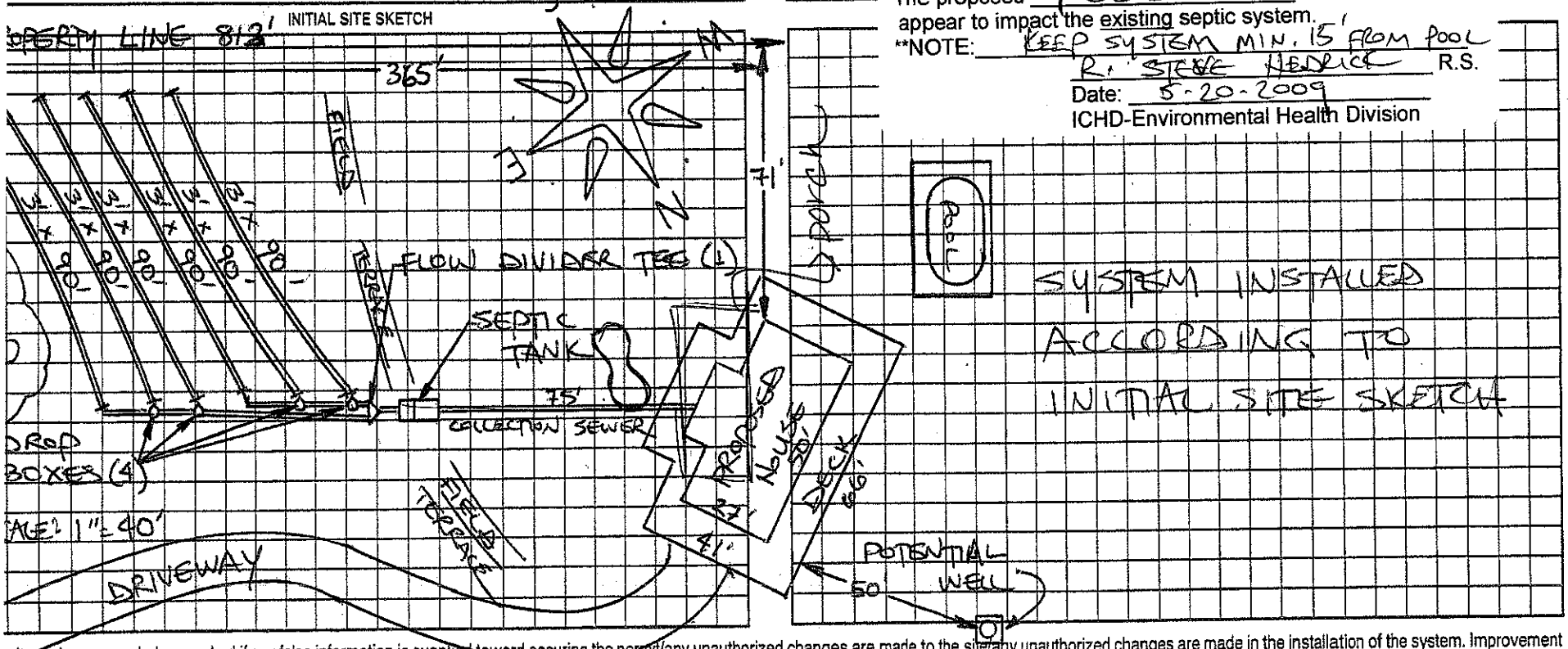
The proposed POOL addition does not appear to impact the existing septic system.

**NOTE: KEEP SYSTEM MIN. 15' FROM POOL

R. STEVE HENDRICK R.S.

Date: 5-20-2009

ICHD-Environmental Health Division



mit 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 mit 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.

ned: Pam Chase date 2-2-04 Installed by: TOMMY FRYE

rovement Permit by: STEVE HENDRICK date 2-2-04 Operation Permit by: STEVE HENDRICK date 2-11-05

horization to Construct by: STEVE HENDRICK date 2-2-04 Existing System Inspection by: _____ date _____

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