IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113087 PIN# 4810-74-3204-I 73-9915 DATE 6-23-03

OWNER OR CONTRACTOR MICHAEL SLOAN PHONE: Business 704-202-2291 Home 704-876-2881

ADDRESS 130 HELEN DR, STATESVILLE, NC 28625

LOCATION NC 115 N, TR ERNEST ROAD, 0.2 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 1 ACRE+ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 10-20-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

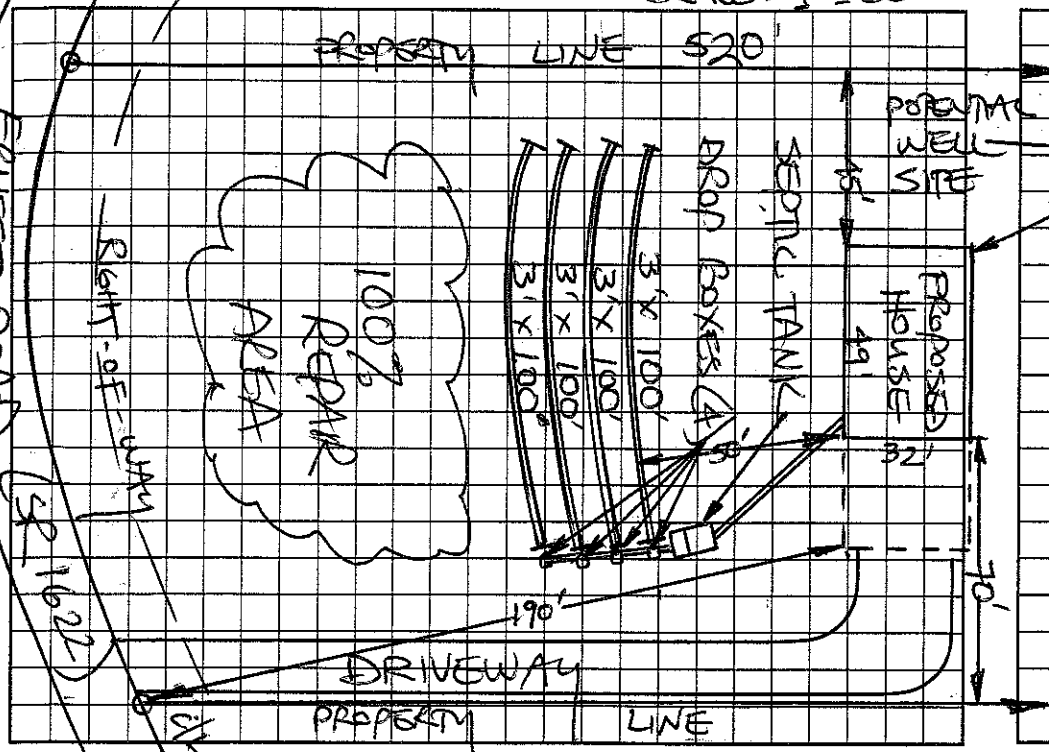
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:/Conditions: ① Tuff-rite filter ② Syphon 158' from well ③ Installed as shown

INITIAL SITE SKETCH SCALE: 1"=50'



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: Michael Sloan date 6-24-03 Installed by: Kelly Welborn

Improvement Permit by: STEVE HEDRICK date 6-23-03 Operation Permit by: Christopher M. Shamel date 1-6-04

Authorization to Construct by: STEVE HEDRICK date 6-23-03 Existing System Inspection by: _____ date _____

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