IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4811 18 8782 DATE 10-26-00

OWNER OR CONTRACTOR ANTHONY THOMAS PHONE: Business Home 592-2243

ADDRESS 135 PLESS LANE LOVE VALLEY NC 28625

LOCATION NC 115 N, TL MTN. VIEW ROAD, TR LOVE VALLEY ROAD, TR PLESS ROAD, ON RT. AT #135

SUBDIVISION BLOCK / SECTION LOT LOT AREA ACREAGE SITE CLASS PS DESIGN FLOW 240 L.T.A.R EXISTING

Septic Tank: 1000 Gallons; STB 794 Date 3-6-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance ~~Agreement Required~~: Yes No

Gravel Depth 18" Slab Crawl Space Basement w/plumbing Basement wo/plumbing

House/Mod. Home No. Bedrooms 2

Mobile Home No. Bathrooms 2

Business No. Employees

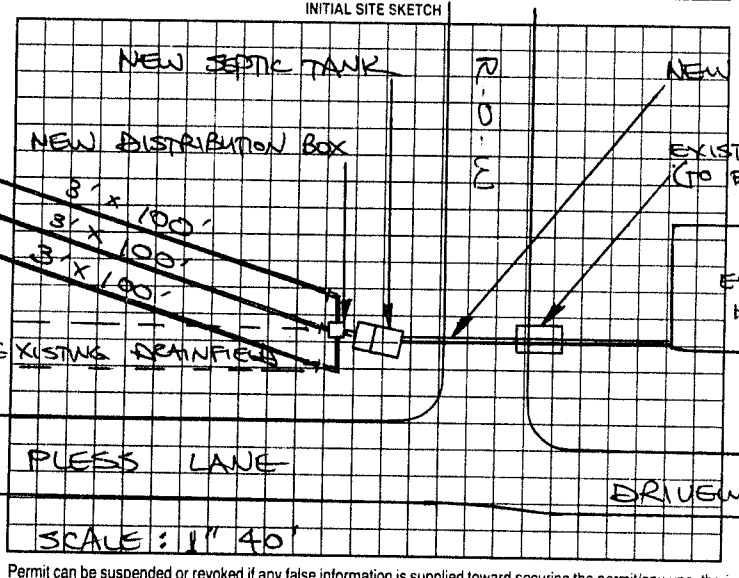
Other

Water Supply: Individual Public Community WELL

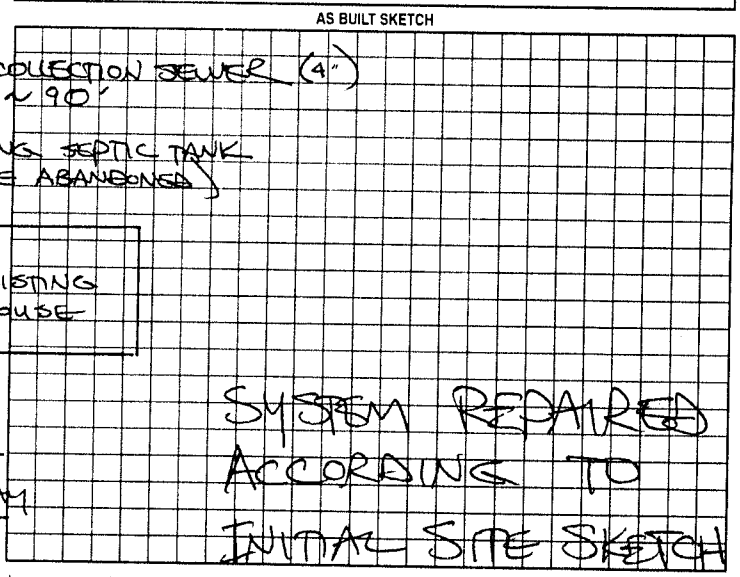
Comments/Conditions: INSTALL NEW SEPTIC TANK AS SHOWN, ABANDON EXISTING TANK ② INSTALL NEW LINES USING 18" STONE.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" 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: A. R. Thomas date 10-26-00 Installed by: BARRY SIGMON

Improvement Permit by: STEVE HEDRICK date 10-26-00 Operation Permit by: STEVE HEDRICK date 11-2-00

Authorization to Construct by: STEVE HEDRICK date 10-26-00 Existing System Inspection by: date

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