IREDELL COUNTY HEALTH DEPARTMENT

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

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

(1)

PERMIT# 11806 PIN# 4811-70-5599 DATE 2-2-04

OWNER OR CONTRACTOR MARY L. ROBESON PHONE: Business 704-878-8950 Home 704-876-3279

ADDRESS 333 CROSS COUNTRY ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH TL CROSS COUNTRY ROAD, 0.7 MILES ON LEFT AT BOX # 323

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.00 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-11-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ 1440 Linear Feet 360

No Lines FOUR Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No PUMP

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

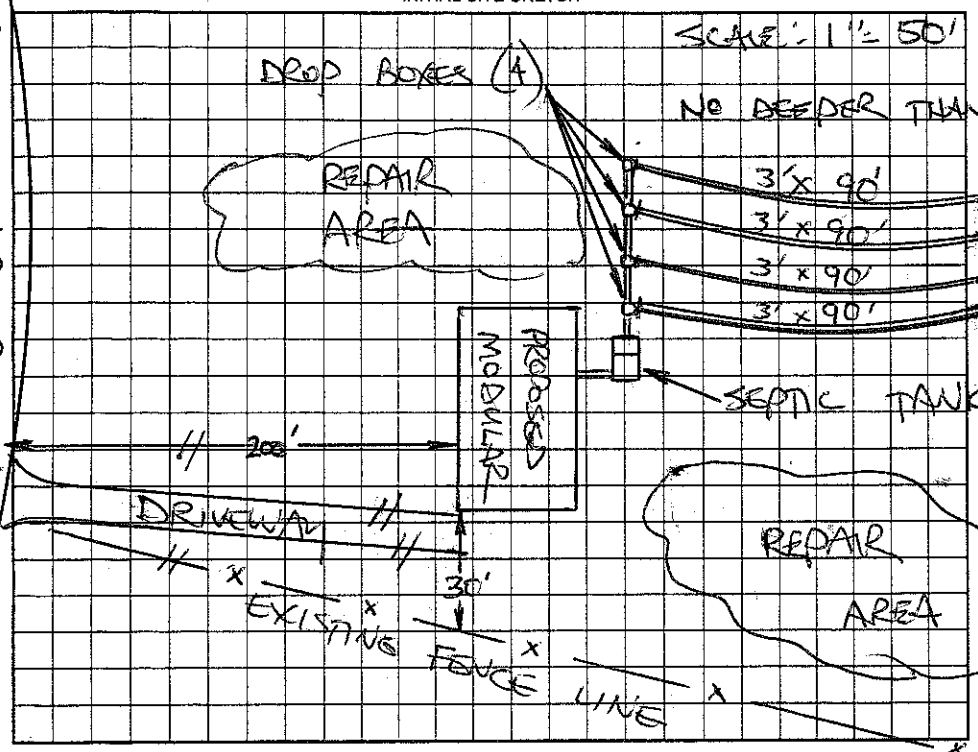
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL NEXT DOOR

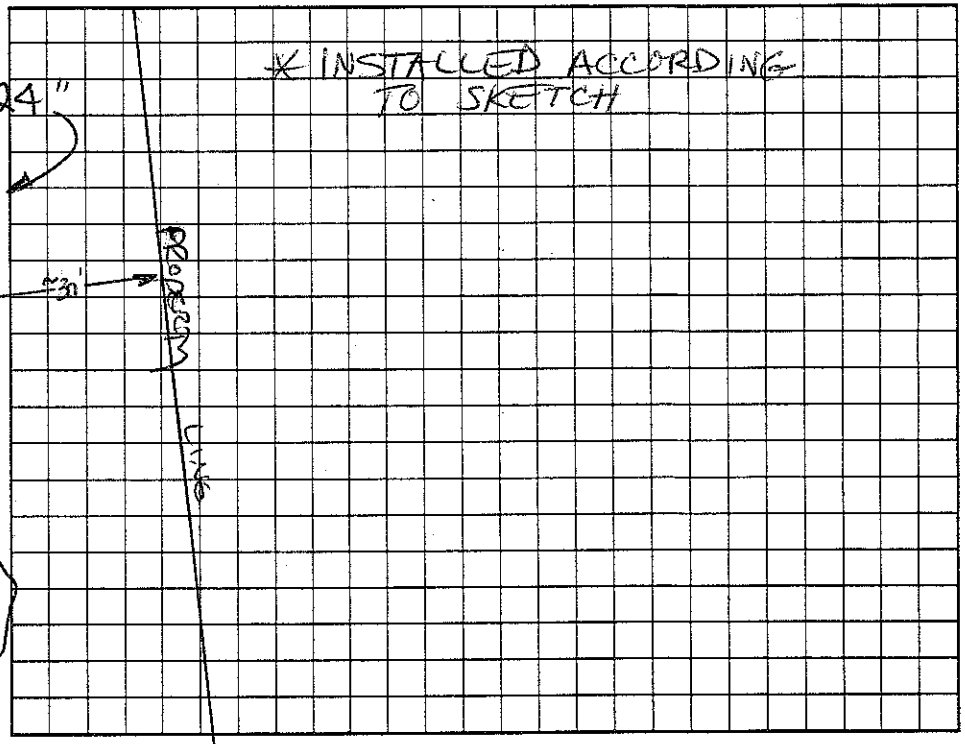
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AT LOCATION SHOWN ON CONTOUR AS FLAGGED, NO DEEPER THAN 24".

Comments:/Conditions: ① INFILTRATOR CHAMBER ② TUFF-TITE 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: * Mary Robeson date 2-2-04 Installed by: A&S Grading

Improvement Permit by: STEVE HEDRICK date 2-2-04 Operation Permit by: Christopher M. Shanley, RS date 5-5-04

Authorization to Construct by: STEVE HEDRICK date 2-2-04 Existing System Inspection by: _____ date _____

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