PAT BUR MOISAW Home BLDRS
704-309-4269

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145800 PIN# 4821-41-7438 DATE 11-26-07

OWNER OR APPLICANT WAYNE STELL PHONE: Business 704-876-3399 Home c/o 704-876-3456

ADDRESS 686 TUCKERS GROVE ROAD, STATESVILLE NC 28625

LOCATION NC 115 NORTH, TR BRUCE FARM RD, TR TUCKERS GROVE ROAD, 1ST LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.3 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB MJI STB821 Date 2-7-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 TO 1200 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

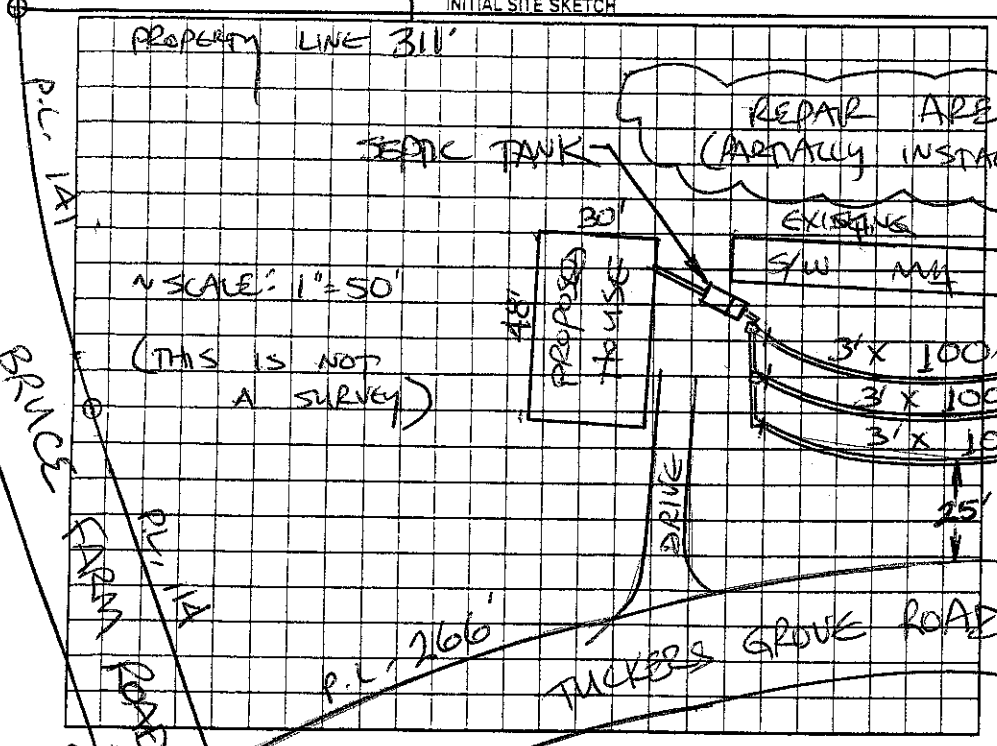
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

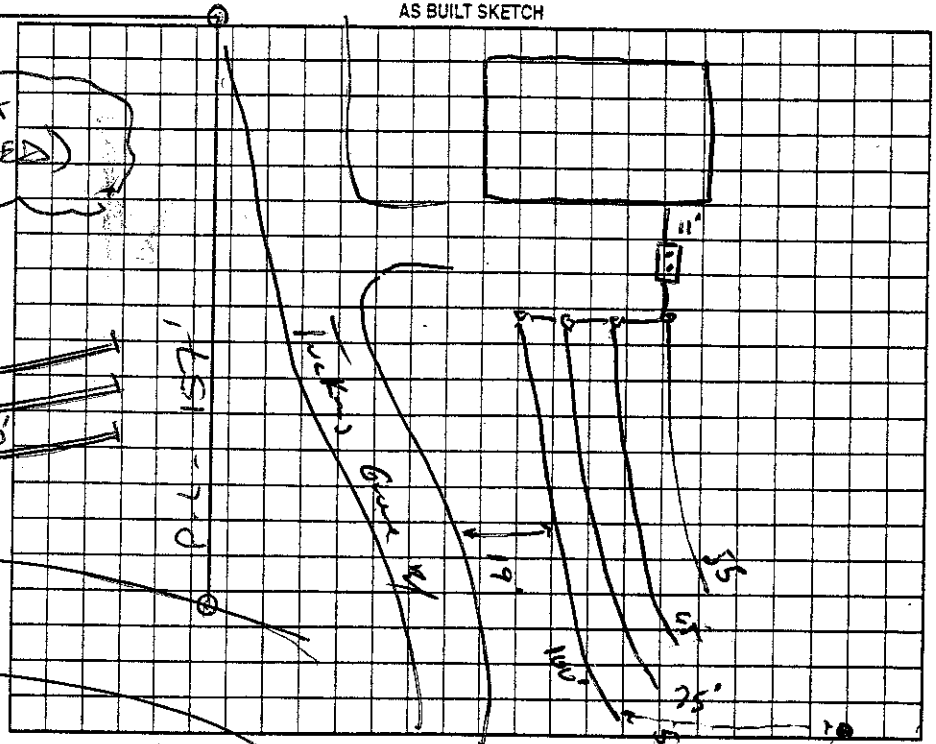
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN, NO DEEPER THAN 24". ② EXISTING S/W, MH TO BE REMOVED UPON OCCUPANCY of PROPOSED HOUSE.

Comments:/Conditions: Biodiffusers / Area-36 /

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: _____ date _____ Installed by: Ronnie Grant

Improvement Permit by: STEVE HEDRICK date 11-26-07 Operation Permit by: _____ R.S. date 9 April 08

Authorization to Construct by: STEVE HEDRICK date 11-26-07 Existing System Inspection by: _____ date _____

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