IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095504 PIN# 4843 39 8215 (pt) DATE April 27, 01

OWNER OR CONTRACTOR Robert L. Mitchell PHONE: Business _____ Home (704) 838-1282

ADDRESS 141 Freeland Farm Rd. Statesville

LOCATION From Union Grove - 901 West (left) TR Warren Bridge Rd. TR Mitch Rd ± ¼ mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Act SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons, STB 794 Date 4-9-01
Pump Tank: _____ Gallons, PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400
No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

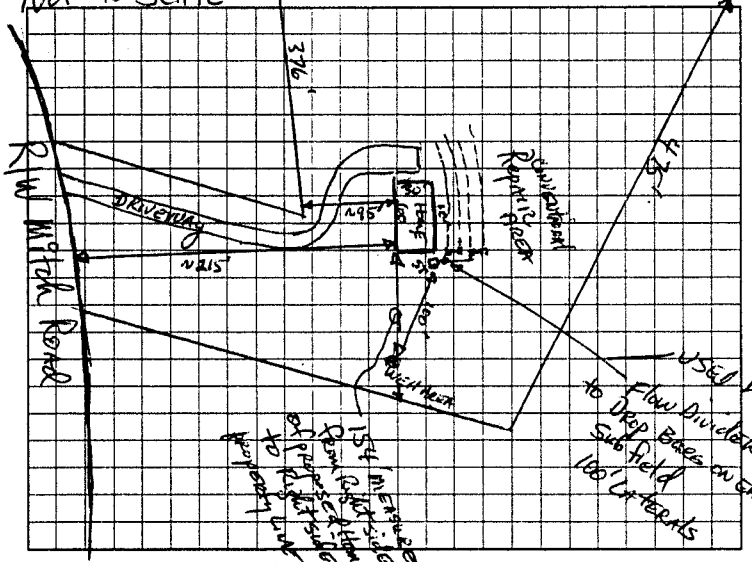
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions:
OK to move well site
upslope - maintain 100' to Septic system
Left Side Line 300'±

Comments/Conditions: 7-10-01 ED CHECKED LINES & TANK
NEEDS DIST BOX'S checked & 40' of more gravel in last trench

INITIAL SITE SKETCH

Not to SCALE



AS BUILT SKETCH

LABEL FILTER & MARKER
INSTALLED AS SHOWN

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: Robert L. Mitchell date _____ Installed by: Mitchell Hauling & Grading

Improvement Permit by: David Ellison, RS date 4-27-01 Operation Permit by: [signature] KSE date 7-11-01

Authorization to Construct by: David Ellison, RS date 4-27-01 Existing System Inspection by: _____ date _____

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