IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074794 PIN# 4850 16 4453 DATE 1-22-98

OWNER OR CONTRACTOR FRANK MITCHELL PHONE: Business 876-2327 Home 876-4327

ADDRESS 734 OLIN LOOP ROAD STATESVILLE NC 28660

LOCATION US 21 North, TL JENNINGS ROAD, TR RED HAWK LANE, AT END ON LEFT

SUBDIVISION GLENN ACRES BLOCK / SECTION ____ LOT 10 LOT AREA 2.24 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 6-15-98

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 30" Gravel Depth 12"

☐ 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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

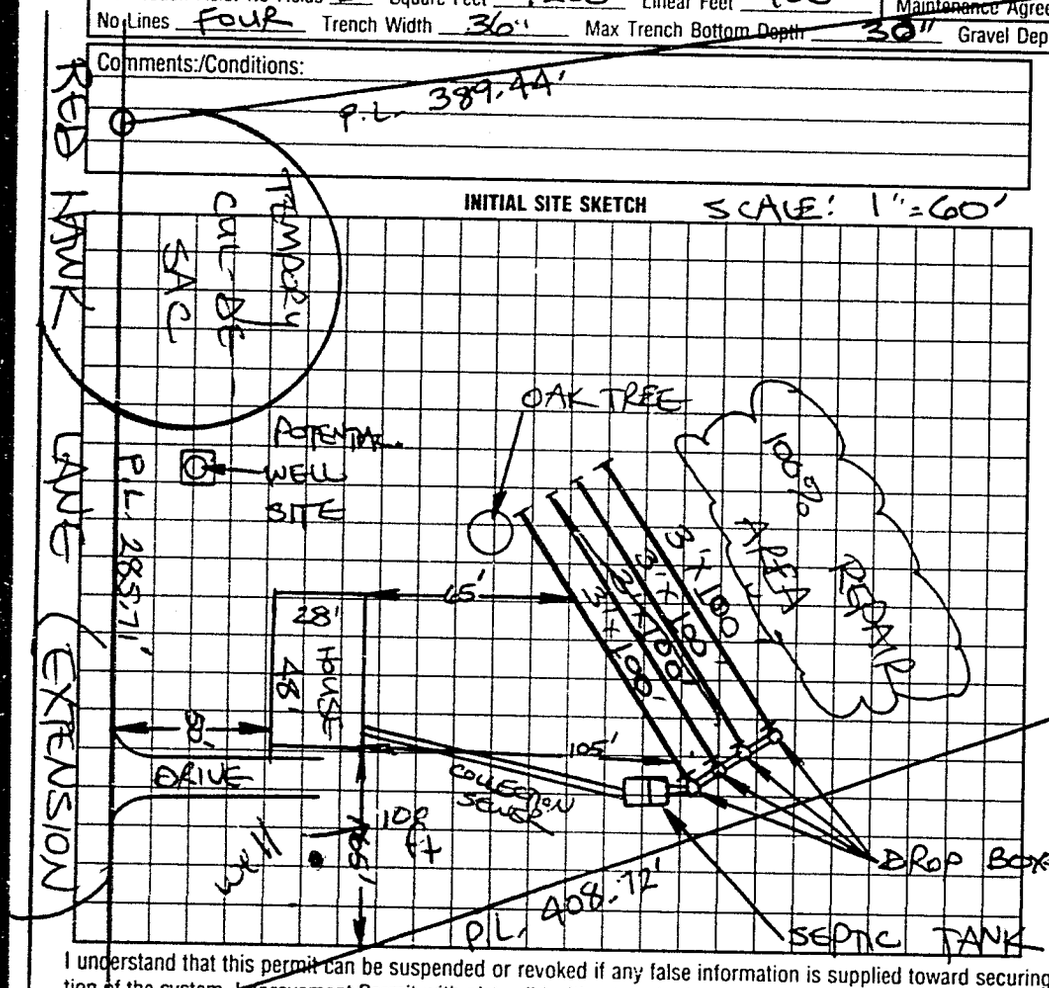
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

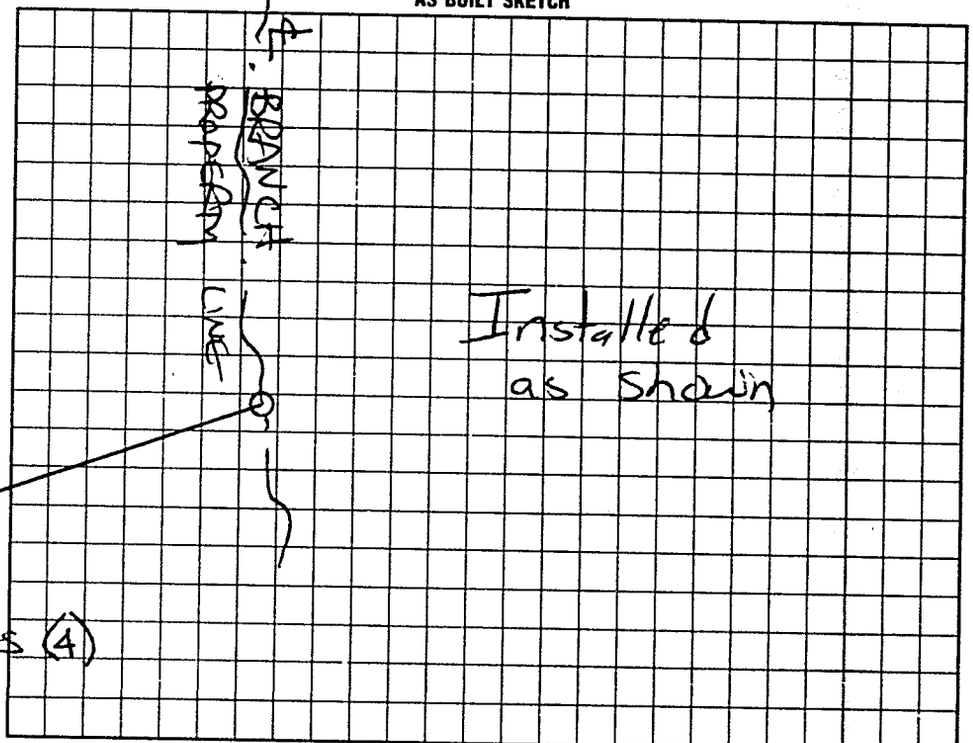
P.L. 389.44'

INITIAL SITE SKETCH SCALE: 1"=60'



Comments:/Conditions:

AS BUILT SKETCH



I understand that this 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: Emmett Head date 7-22-98

Improvement Permit by: STEVE HEDRICK date 7-12-98

Authorization to Construct by: STEVE HEDRICK date 7-12-98

Installed by: James Hudler

Operation Permit by: [illegible] date 8-3-98

Existing System Inspection by: ____ date ____

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

9 7 3 0 0