~~400~~ 930

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093003 PIN# 4860 74 2322 DATE 12-5-00

OWNER OR CONTRACTOR CHARLES MILLSAPS PHONE: Business Home 878-8786

ADDRESS 876 BARRY OAK ROAD, CLEVELAND, NC 27013

LOCATION US 21 N TL TABOR ROAD, TR ASHFORD DRIVE, 1ST & 4TH LOTS BEFORE END ON RIGHT

SUBDIVISION HOLLY RIDGE BLOCK / SECTION II LOT 22 & 23 LOT AREA 1.46 ACRE SITE CLASS P3 DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons: STB 760 Date 10/6

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 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: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

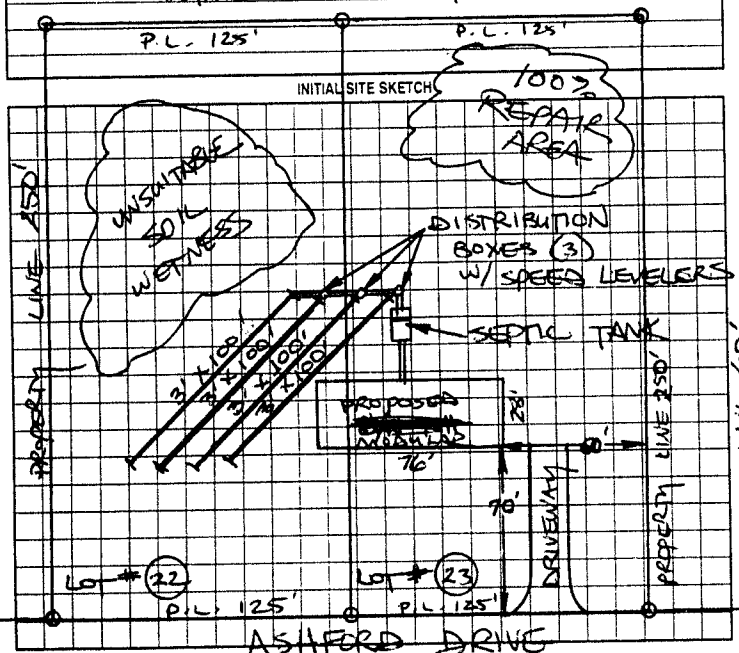
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SCALE: 1" = 60'

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: Bernice M. Millsaps date 12-5-00 Installed by: Manual Grading

Improvement Permit by: STEVE HEDRICK date 12-5-00 Operation Permit by: C. [illegible] RS date 12/28/00

Authorization to Construct by: STEVE HEDRICK date 12-5-00 Existing System Inspection by: ____ date ____

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