IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087961 PIN# 4862 39 4209 DATE 4-13-00

OWNER OR CONTRACTOR AMERICAN LAND CORP. PHONE: Business 878-9595 Home

ADDRESS 1281 GARDNER BAGNAL BLVD. STATESVILLE, NC. 28677

LOCATION NC 901, TL CRATER ROAD, TR CARTWRIGHT ROAD, TL CHESHIRE RIDGE RD. 2ND, 3RD LOTS ON LEFT

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION II LOT #23/24 LOT AREA 3.47 ACRES (TOTAL) SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-16-2000

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 88.10/200 Linear Feet 300+

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Soil Depth SAND 6"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

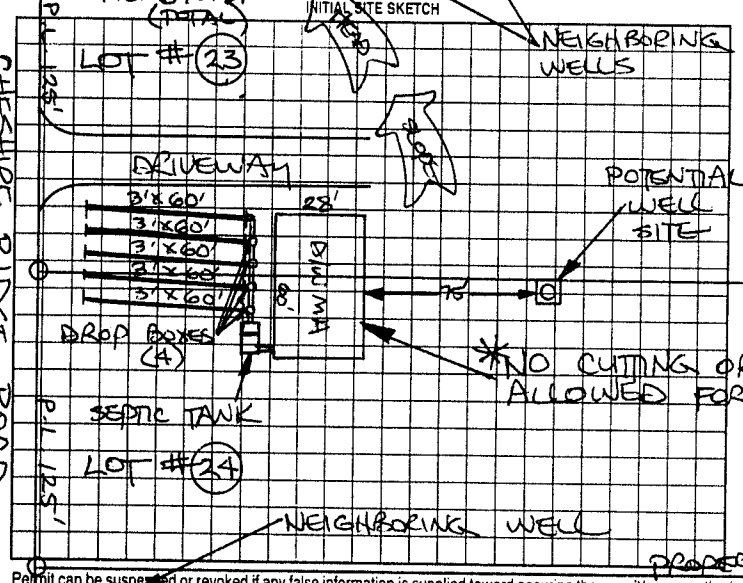
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

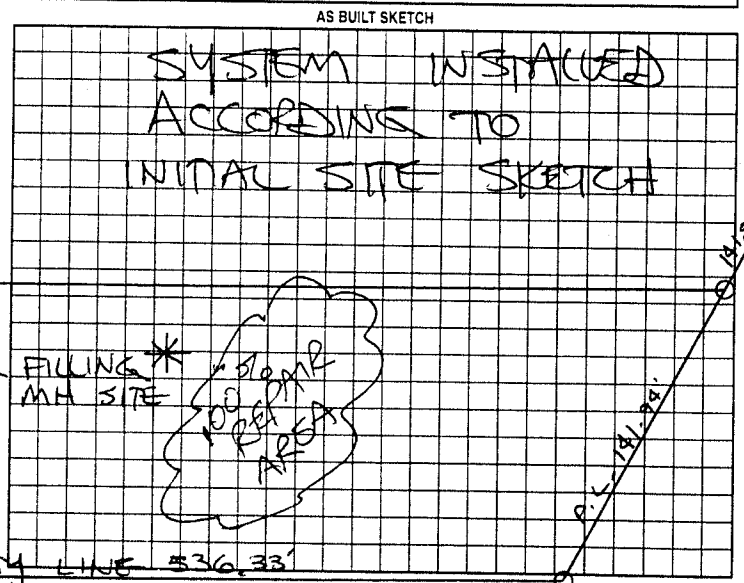
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING 50 CHAMBERS OR 30 HDS SECTIONS.

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" 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 plan 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: Sherrie LeRue Feaster date 4-20-00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 4-13-00 Operation Permit by: STEVE HEDRICK date 5-1-00

Authorization to Construct by: STEVE HEDRICK date 4-13-00 Existing System Inspection by: _____ date _____

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