IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086835 PIN# 4862 39 7991 DATE 12-22-99

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

ADDRESS 1281 GARNER BAGNAL BLVD. STATESVILLE NC 28625

LOCATION I-77 N, TR NC901, TL CRATER RD, TR CARTWRIGHT RD, TL CHESHIRE RIDGE DR, LOT on (R) IN CURVE

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION II LOT 39 LOT AREA 1.91 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 928 Date 10-14-99
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 36" 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

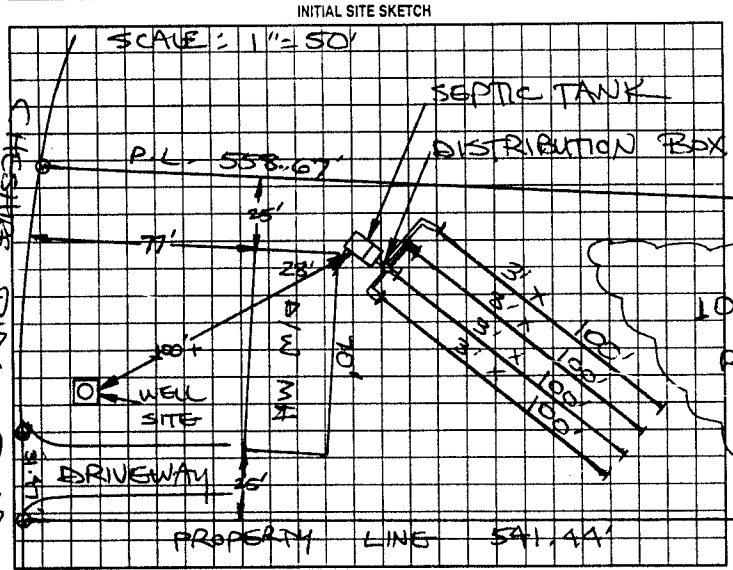
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

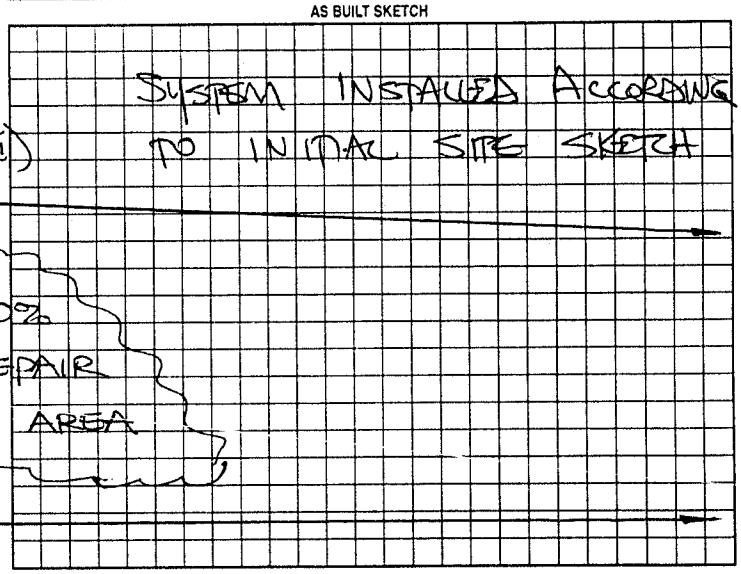
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions ① SEPTIC TANK W/ RISERS & MARKER INSTALLED USING "FLETTE" FILTER ② WELL NOT LOCATED AS PERMITTED

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: [signature] date 12-23-99 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 12-22-99 Operation Permit by: STEVE HEDRICK date 2-9-00

Authorization to Construct by: STEVE HEDRICK date 12-22-99 Existing System Inspection by: ____ date ____

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