IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114554 PIN# 4870-16-0986 DATE 8-12-03

OWNER OR CONTRACTOR TODD ELLIS BUILDERS PHONE: Business 704-902-0119 Home 704-878-6633

ADDRESS 315 SEVEN SPRINGS LOOP STATESVILLE, NC 28625

LOCATION 21 NORTH, L TOMLIN, R ≈ .1m; IR

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.20 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1060 Date 3-2-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3x133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAV CONV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

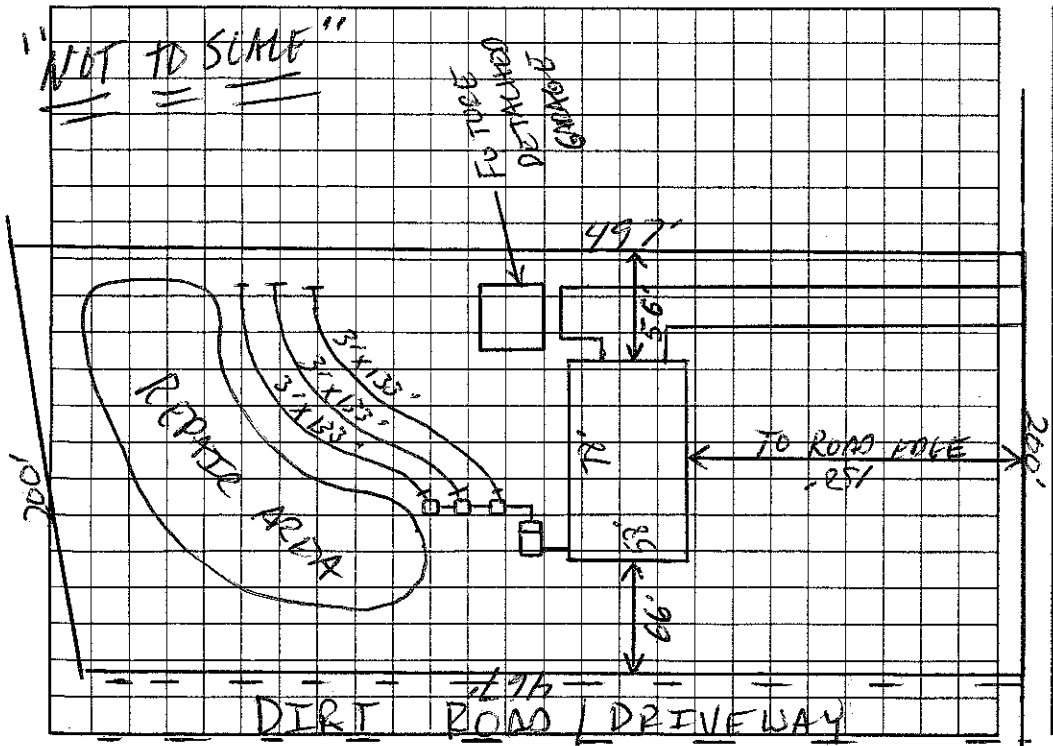
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

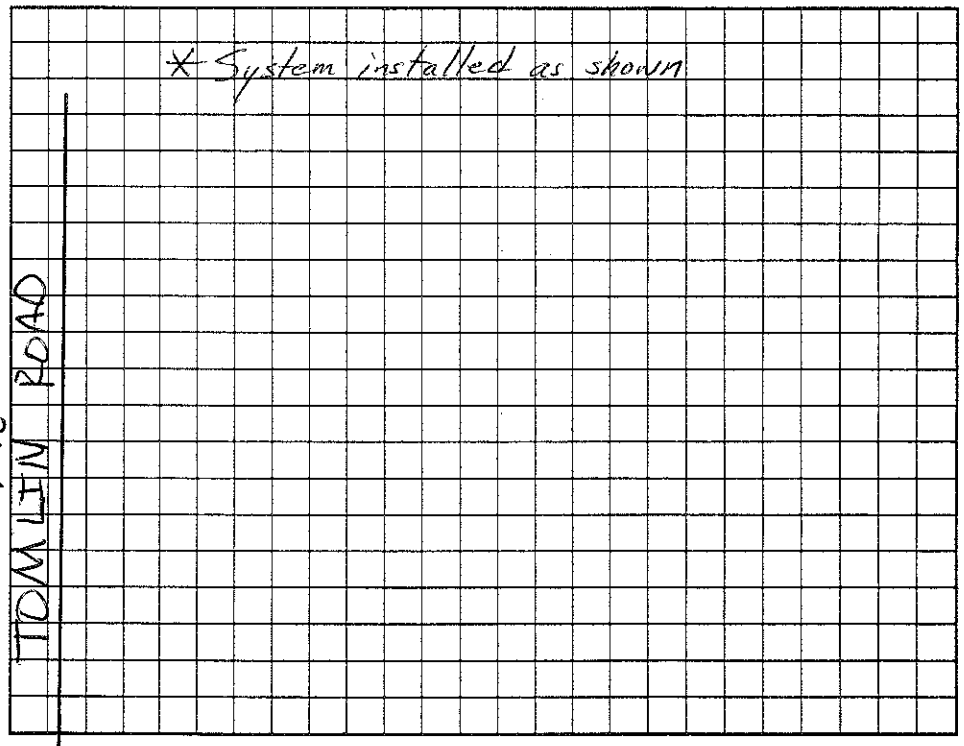
Comments/Conditions: ① INSTALL LINES ON CONTOURS ② MAINTAIN SETBACKS ③ CALL PRIOR TO INSTALLATION FOR FLAGOUT IF NECESSARY.

Comments/Conditions: ① Red Poly/ok ② #5

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 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: _____ date 8-15-03

Improvement Permit by: _____ date 8-12-03

Authorization to Construct by: _____ date 8-12-03

Installed by: SAMMY REAVIS

Operation Permit by: _____ date 8-5-04

Existing System Inspection by: _____ date _____

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