IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137871 PIN# 4880082212 DATE 9-14-06

OWNER OR APPLICANT Ella J. Colman PHONE: Business 704-878-9903 Home 704-878-9905

ADDRESS 126 Village Dr. Statesville NC 28677

LOCATION 21N (TR) Tomlinson Ave (TR) Redmon to end dirt road on left down RD property on Right

SUBDIVISION — BLOCK / SECTION ____ LOT ____ LOT AREA 4.01 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 825 Date 9-10-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 2400 Linear Feet 600

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth ____ ☑ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Gravity

Repair System Description: 25% Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

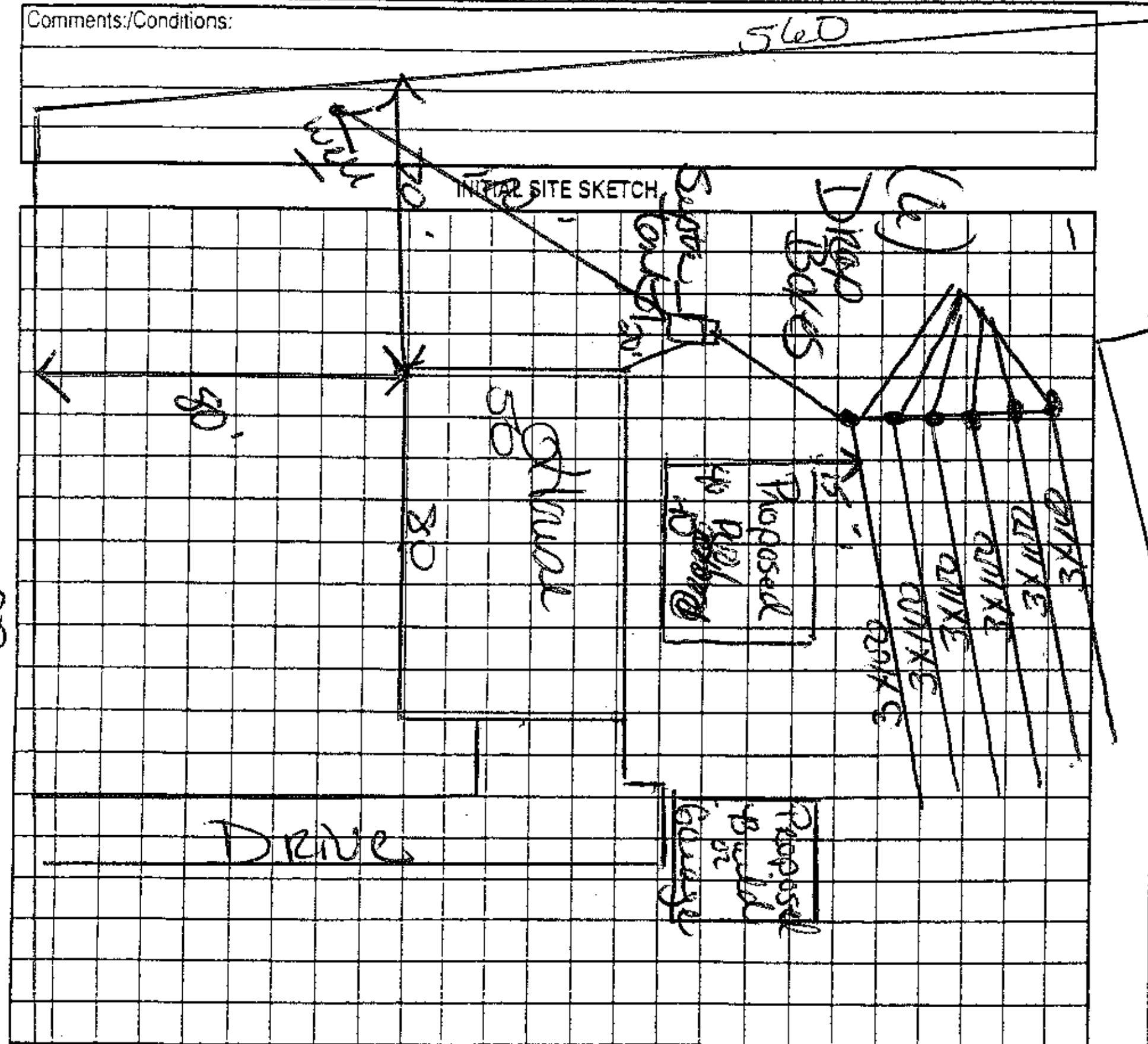
Comments:/Conditions:

Install on contour

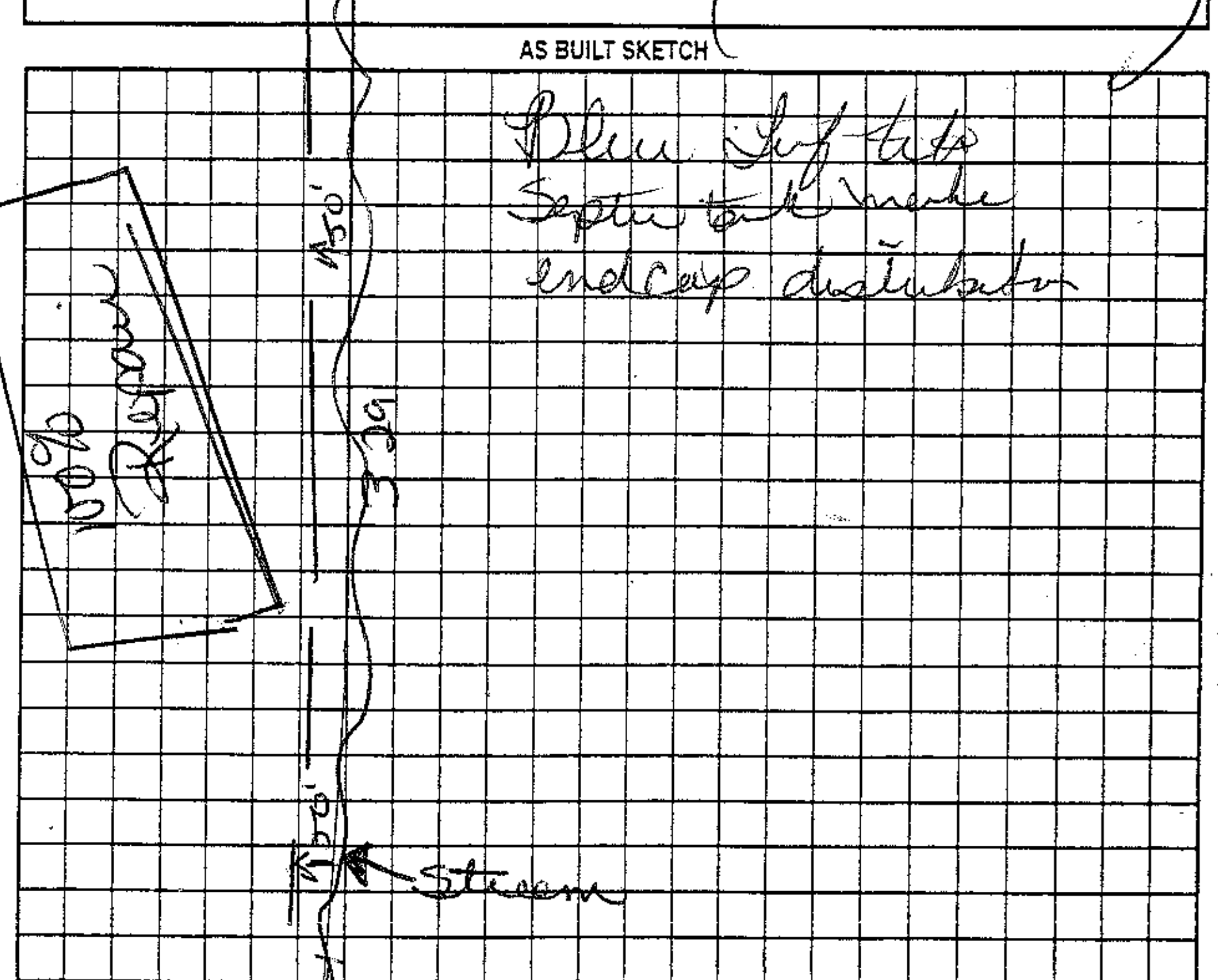
Maintain all setbacks

NOT to Scale

INITIAL SITE SKETCH



AS BUILT SKETCH



Redmon RD
250

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: Ella Jane Coleman date 9-18-06

Improvement Permit by: Kurt Cook date 9-14-06

Authorization to Construct by: Kurt Cook date 9-13-06

Installed by: Kowyan Septic

Operation Permit by: Kurt Cook date 10-23-07

Existing System Inspection by: ____ date ____

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