EDELL COUNTY HEALTH DEPARTMENT

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

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

MIT# 39272 PIN# 4892002471 DATE 11-27-00

NER OR CONTRACTOR Carl Burton PHONE: Business _____ Home 704-546-7870

RESS 551 Abbydale RD

ATION 21st to Rock Quarry RD (L) Rocky Ford (R) to Abbydale

DIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. B DESIGN FLOW _____ L.T.A.R. _____

otic Tank: 1000 Gallons; STB EXT Date EXT

mp Tank: _____ Gallons; PT _____ Date _____

mp Make: _____ Model _____ Serial No. _____

rification Field: No Fields ___ Square Feet 800 Linear Feet 200

Lines 3 Trench Width 36" Max Trench Bottom Depth 40" Gravel Depth 6 36"

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

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

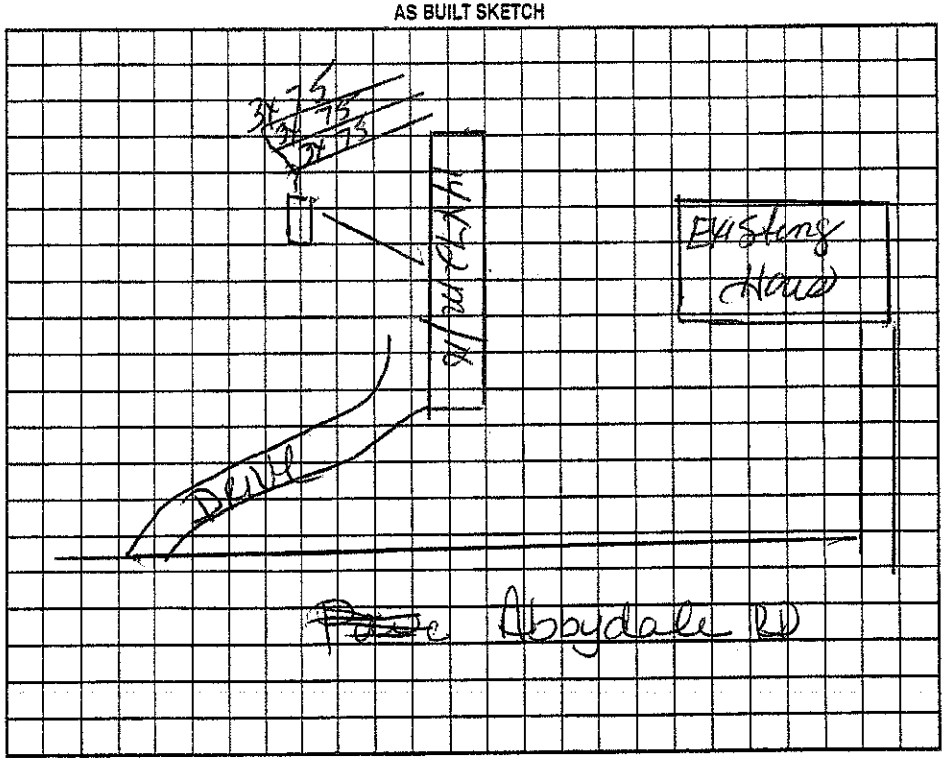
Water Supply:
☐ Individual
☑ Public
☐ Community

nments:/Conditions:

Comments:/Conditions:
Installed in 1972

INITIAL SITE SKETCH

AS BUILT SKETCH



rmit 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 rmit 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.

ned: _____ date _____

provement Permit by: _____ date _____

thorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 11-27-00