# IREDELL COUNTY HEALTH DEPARTMENT

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

This Voids All Previous Dated Permits

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

PERMIT# 20424/86851 PIN# 8R-A-1 DATE MARCH 14 2000

OWNER OR CONTRACTOR ~~Bill Bean~~ Phil Schepens PHONE: Business 704 827-6691 Home

ADDRESS

LOCATION Sharon Sch Rd Nth (L) Stewart Rock (R) Gardner Point (R) Rivercliff Corner of Rivercliff & Beacon Ridge

SUBDIVISION Riverwalk BLOCK / SECTION III LOT 19 LOT AREA 1.3974 Ac SITE CLASS P5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 4-10-00
Pump Tank: 1000 Gallons; PT 274 Date
Pump Make: Hydromatic Model CH50 Serial No. SHEF50
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 390
No Lines 3@130' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 25% Reduction
Repair System Description: Pump 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth NA

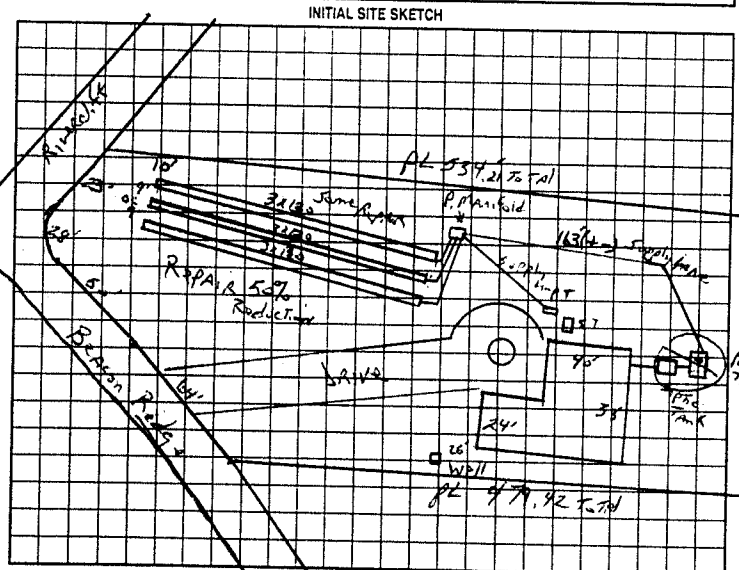
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community Well

Comments/Conditions: See Attached Sheets for Pump information
May Use 39 HDS Sections or 22 Chambers per Line
66 chamber Total

Comments/Conditions: Lines installed As Shown
Tanks Relocated To Front Corner of home

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM APPROVED FOR 4 BEDROOM ONLY - INSTALLED AS SHOWN

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 _____ Installed by: JODY TRAVIS

Improvement Permit by: Jc Potter date March 14 2000 Operation Permit by: STEVE HEDRICK date 8-14-00

Authorization to Construct by: Jc Potter date March 14 2000 Existing System Inspection by: _____ date _____

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