IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES EXPIRED PERMITS #20411 & #20412 ISSUED 3-31-95

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

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

PERMIT# 093446 PIN# 3774 64 95 41 (PT) DATE 11-21-00

OWNER OR CONTRACTOR DONALD KRUEGER PHONE: Business Home 838-1129

ADDRESS 390 MOCK MILL RD, STATESVILLE, NC 28677

LOCATION SHARON SCH. RD, TL STEWART ROCK, TL FULBRIGHT, TR GARDNER POINT, TR RIVERCLIFF, TR WOOD COVE, ON LEFT AT END,

SUBDIVISION RIVERWALK BLOCK / SECTION III LOT 495 LOT AREA 4.5609 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-1-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: 25% REDUCTION, Pump
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

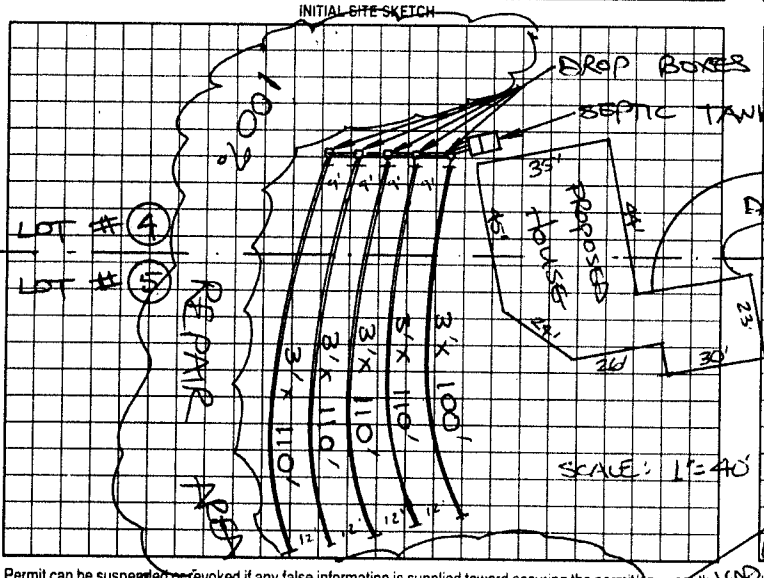
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

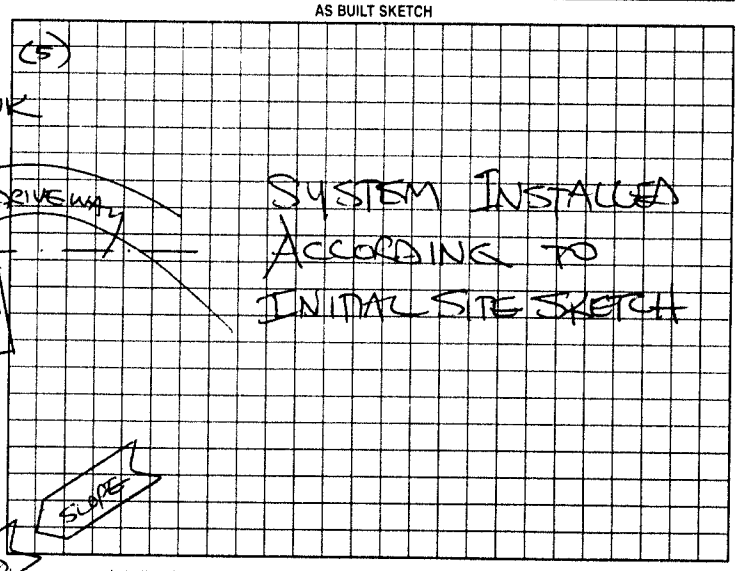
Comments/Conditions ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL SITE. ② INSTALL LINES ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions ① TANK & LINES INSPECTED 11-5-01 ② SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

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: [signature] date 11-29-00 Installed by: TOMMY, COLLEEN

Improvement Permit by: STEVE HEDRICK date 11-21-00 Operation Permit by: STEVE HEDRICK date 11-6-01

Authorization to Construct by: STEVE HEDRICK date 11-21-00 Existing System Inspection by: ____ date ____

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