# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17089 DATE 9-28-93 PIN# 3793-66-0314 TAX MAP NO. 8H-5-B-11

OWNER OR CONTRACTOR Neil W. Brown PHONE: Business _____ Home 528-3767

ADDRESS 103 Poppy Lane, Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd, TR Beulah Rd, Stay Straight Mockmill Rd. TR Hoke Circle Lot on R.

SUBDIVISION Hokeland Hts. BLOCK / SECTION _____ LOT 11 LOT AREA 174' X 115' SITE CLASS P.S. L.T.A.R. .3 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located

Septic Tank: 1000 Gallons; STB 1012 Date 10-20-93

Pump Tank: 1000 Gallons; PT 99 Date 10-5-93

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200' of panels

No Lines 3 Trench Width 24" Trench Depth 36" Gravel Depth 24"

☑ New System ☐ Repair System Type: I, II, II, ☒ V, VI

System Description: Pressure PPBPS

Repair System Description: Pressure PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

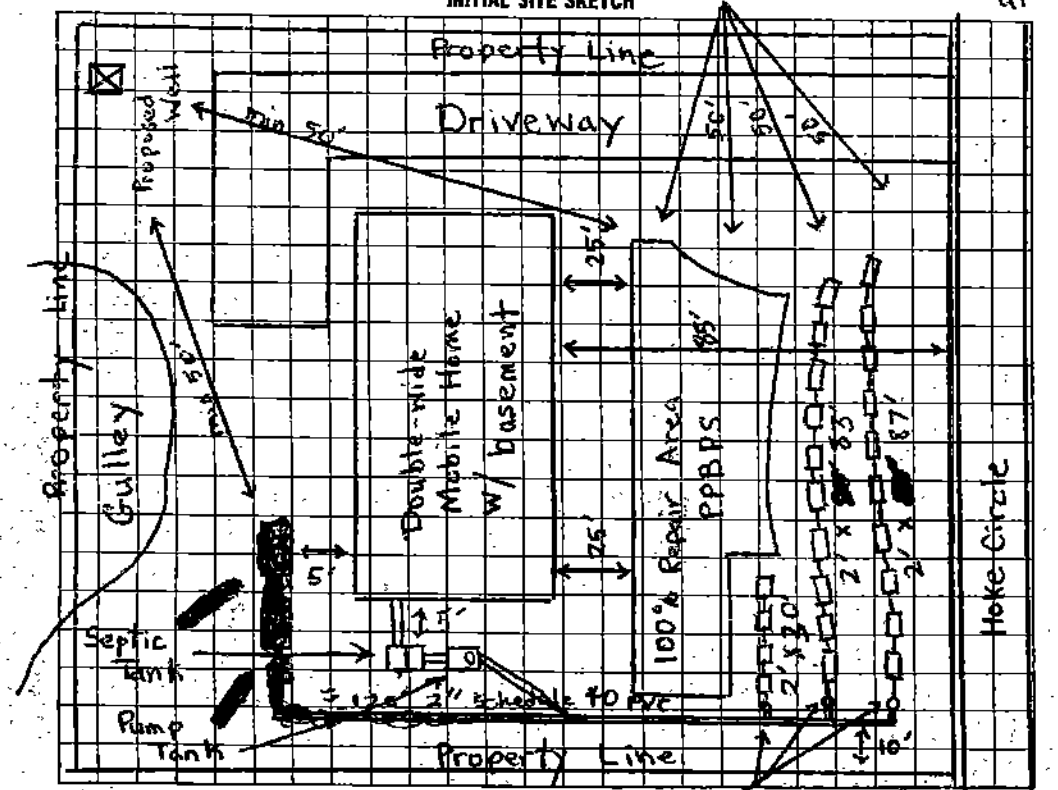
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Install PPBPS on contour. Keep system 10' from all property lines, min 50' from any well, and 25' from foundation on upper side with system and repair area. Set tanks = min. 5' from foundation on lower side of home. Install 4½ panels with one hole in each panel. Use 3/16" hole in panels. Install pump that will deliver 27.14 gpm at 32.27 TDH. (see pump diagram) Maintenance agreement required before final. Trenches 3' wide 8' O.C. Keep system (initial) as close to front property line as possible to assure 100% Repair Area which is Pressure PPBPS

INITIAL SITE SKETCH




AS-BUILT SKETCH

Hydromatic
SAD50M#1 (pump)
½ H.P.

SAME AS INITIAL SKETCH

[Barry Sigmon - AAA Enterprises - certified operator]

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Neil W Brown

Improvement Permit by: Michael F. Dennis date 9-28-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Cotheren

Certificate of Completion by: _____ date _____

Operation Permit by: Michael F. Dennis date 12-17-93

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