IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87095 PIN# 3794611170 DATE JAN 13, 2000

OWNER OR CONTRACTOR Mitchell H. Perking PHONE: Business Home 871-1792

ADDRESS 346 Island Ford Rd Statesville NC

LOCATION Old Mtn Rd North ⑤ Island Ford Rd ⑤ Cable ⑥ Maristone Corner Kirkland. East Cul de Sac

SUBDIVISION Featherstone BLOCK / SECTION II LOT 15 LOT AREA 1.27 Ac SITE CLASS F5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10 18 99
Pump Tank: 1000 Gallons; PT 1012 Date 9 7 99
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 500
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Pump 25% Reduction
Repair System Description: Same 5-17 Red. Pass. bb
Maintenance Agreement Required: ☐ Yes ☒ No

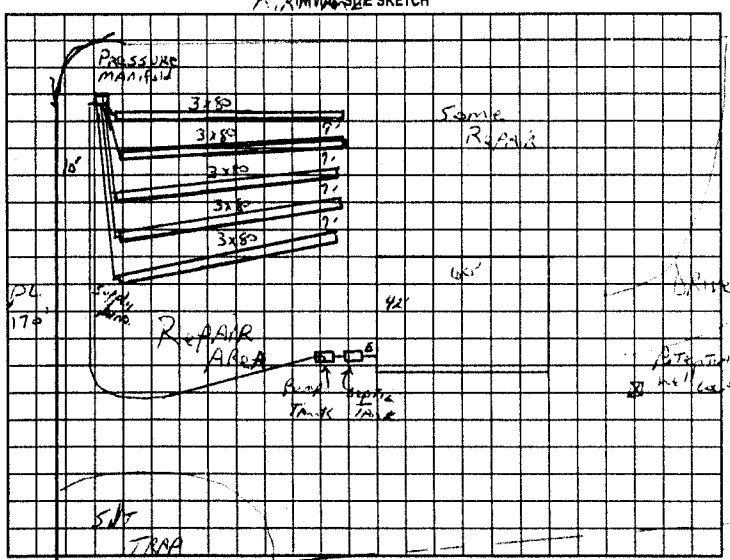
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community — WELL

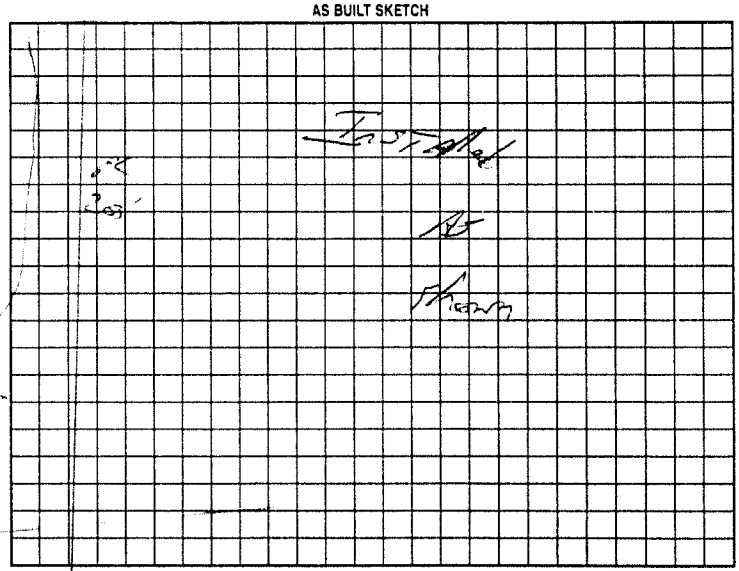
Comments:/Conditions: 66 Chambers or 40 HDS sections
Install on contour
Keep well 100ft or max. feasible distance (50ft min) from septic system
See Attachment for Pump Specifications

Comments /Conditions: March 9. 2000 ① Alarm Checked - OK
② Pressure Head Set - OK
③ Wiring OK - OK

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 1-14-00 Installed by: Craig Thompson

Improvement Permit by: [signature] Potter date JAN 13 2000 Operation Permit by: [signature] Potter date Feb 9 2000

Authorization to Construct by: [signature] Potter date JAN 13 2000 Existing System Inspection by: date

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