IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91800 PIN# 4629416641 DATE 9/15/00

OWNER OR CONTRACTOR Statesville Brick Co. PHONE: Business 800 522 4706 Home

ADDRESS PO Box 471 Statesville NC 28677

LOCATION St, Pack, L Morrison Farm, R April, L Windwood at End

SUBDIVISION CLT BLOCK / SECTION 17 LOT 11,24,14 LOT AREA 1.14 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1010 Date 10-19-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI 250 Reduction Gravity
System Description:
Repair System Description: Gravity Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

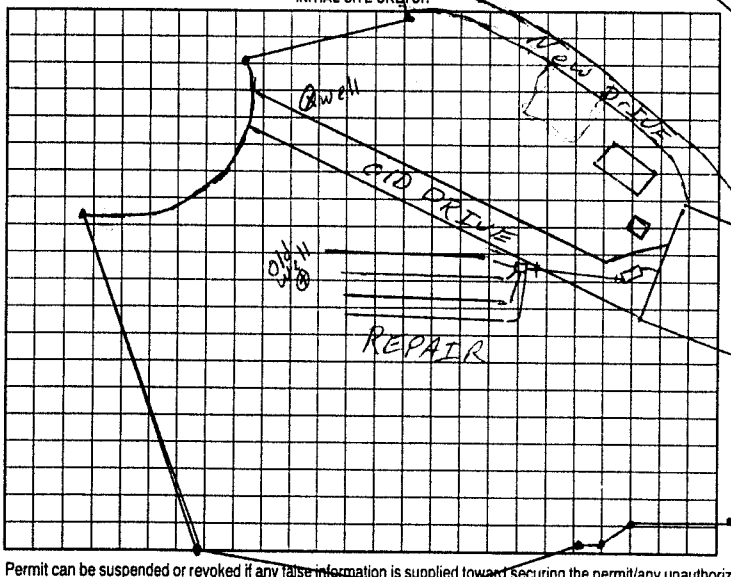
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

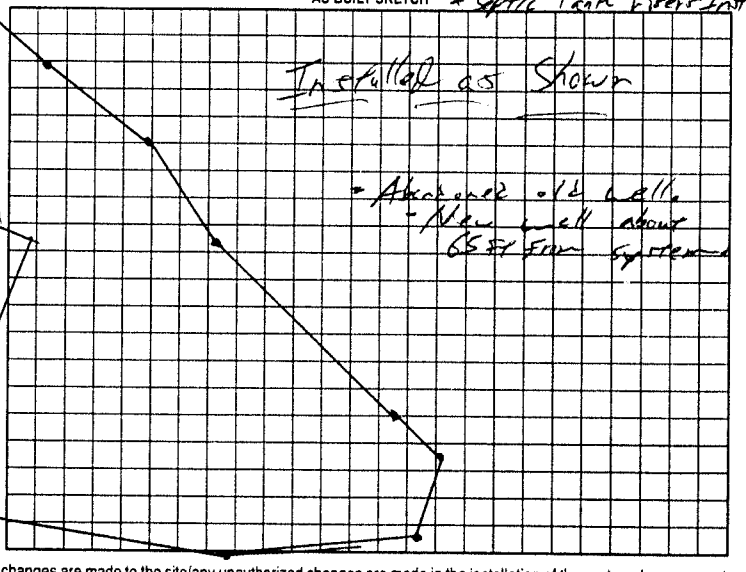
Comments:/Conditions:
Abandon old well

Comments:/Conditions: - poly lok filter installed
- Installed 36 Infiltrator Chamber (3 Lines 12 per line) w/ end caps (3)
- Poly lok filter installed
- Septic Tank risers Installed

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 10-12-00 Installed by: David Fountz

Improvement Permit by: [signature] RSI date 10/12/00 Operation Permit by: William A. Johnson PE date 4-27-01

Authorization to Construct by: [signature] RSI date 10/12/00 Existing System Inspection by: date

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