IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88064 PIN# 4629 51 2950 DATE March 21, 2000

OWNER OR CONTRACTOR Ronald Coulter PHONE: Business _____ Home _____

ADDRESS 147 River Ridge Rd Statesville, NC 28677

LOCATION Hwy 21 South (R) North (R) St. Mark's (L) Morrison Farm (R) Neal (L) Windrock on Right before Culdesac

SUBDIVISION Duke BLOCK / SECTION 17 LOT 117 LOT AREA .63 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 12-19-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 120
No Lines 2 + Bed Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 26% Red.
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

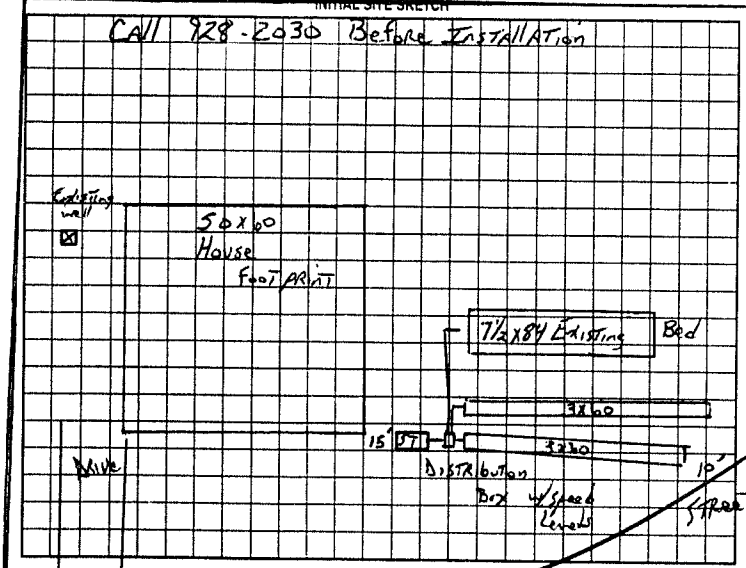
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL Existing

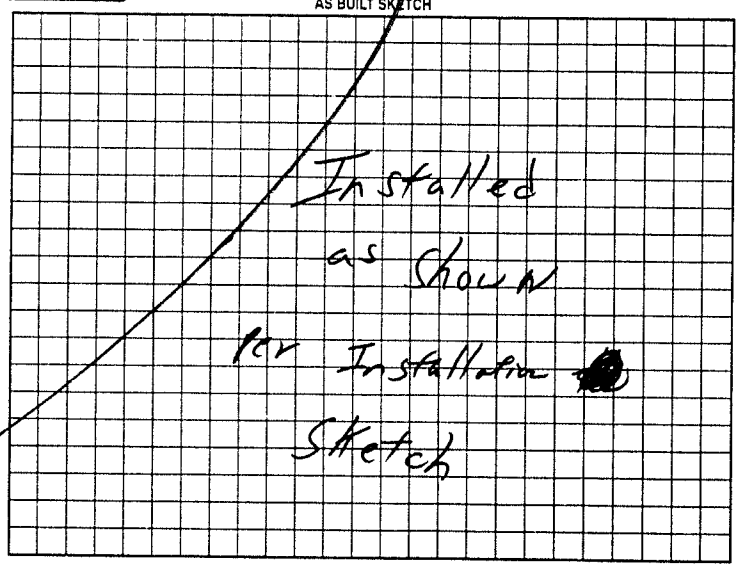
Comments/Conditions: ① Install New Tank And 2-60Ft Lines of 25% Reduction (20 chambers or 12 HDS Sections)
② Observe All Setbacks From Home + Property Line
③ Dist. Box w/speed Levels Feed New Lines If Lake Then old System

Comments/Conditions: -Poly-Lok Filter Installed
-20 Infiltrator Chambers 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: Shirley Coulter date 3-22-00 Installed by: David Yountz

Improvement Permit by: _____ date March 21 2000 Operation Permit by: William O. Johnson RSI date 7/9/01

Authorization to Construct by: _____ date March 21 2000 Existing System Inspection by: _____ date _____

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