IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071595 PIN# 4646195630 DATE 4/14/98

OWNER OR CONTRACTOR BILLY JONES PHONE: Business _____ Home 662-3484

ADDRESS 208 FARMSTEAD - MOORESVILLE

LOCATION BRAWLEY SCHOOL RD - TL FARMSTEAD - ON RT NEAR END

SUBDIVISION FARMSTEAD BLOCK / SECTION F LOT 47-47A LOT AREA - SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 30-RD/FT

Septic Tank: 1000 Gallons; STB 794 Date 7/1/94

Pump Tank: 1000 Gallons; PT 27 Date 8/30/94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PUMP CONVENTIONAL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Lines & Tanks only
PRESSURE Checked 11/18/98

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED PLAN by BK BARRINGER

AS BUILT SKETCH

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 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: _____ date 4/15/98 Installed by: K & K GRADING

Improvement Permit by: _____ RS date 4/14/98 Operation Permit by: _____ date 11/23/98

Authorization to Construct by: _____ RS date 4/14/98 Existing System Inspection by: _____ date _____

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