This Voids All Previous Permits

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE Dec 3 99

PERMIT# 81993 PIN# 4704972958

OWNER OR CONTRACTOR West Iredell Ruritan PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Old Mill Rd North (R) Island Ford (L) Warrior Dr on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.5Ac SITE CLASS PS DESIGN FLOW 270gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 10/3 99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conv Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☒ Business No. Employees 60
☒ Other Recreation Building seats

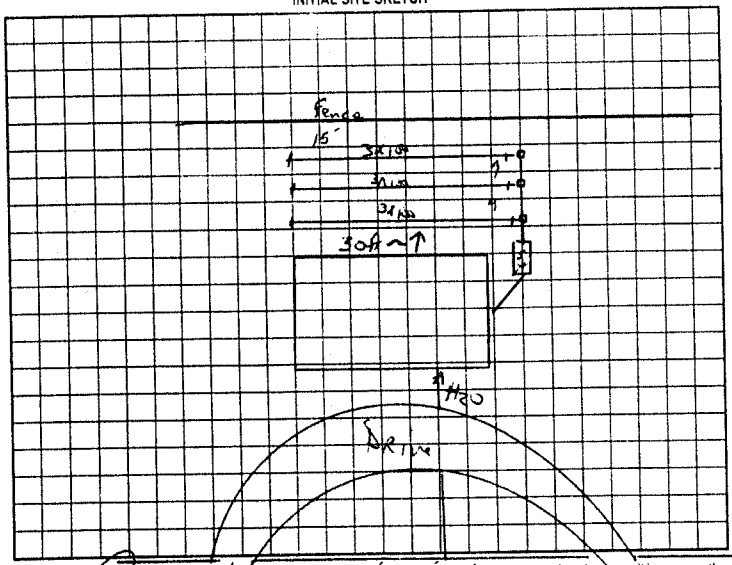
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

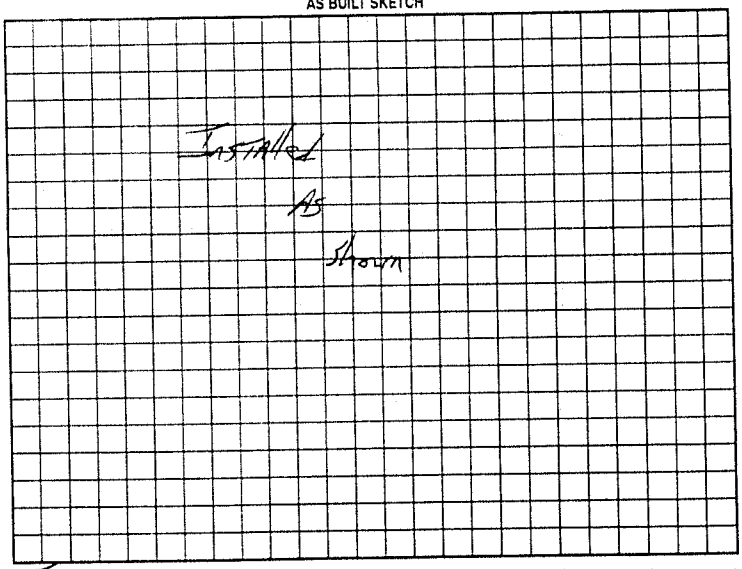
Comments:/Conditions: Install on contour

Comments:/Conditions:
① Divert Gutter drains away from System
② No Driving or parking on Top of System

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 plan 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 _____ Installed by: James Hiddler

Improvement Permit by: J.C. Potter date 6.99 Operation Permit by: J.C. Potter date 12.3 99

Authorization to Construct by: J.C. Potter date 6.99 Existing System Inspection by: _____ date _____

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