IREDELL COUNTY HEALTH DEPARTMENT

This permit is voids permit dated 3-21-98

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

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

PERMIT# 26155 PIN# 4705587674 DATE 4-9-98

OWNER OR CONTRACTOR Ernest Runge PHONE: Business _____ Home _____

ADDRESS 344 Long Island Rd

LOCATION 64W TL Lipford Farm TR Happy Acres TL Trailways Bear Rt 1st on Right ~800ft

SUBDIVISION Casa Grande BLOCK / SECTION I LOT 20 LOT AREA 120x1500 SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.32

Septic Tank: 1000 Gallons; STB 1012 Date 2-9-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 6 Square Feet 840 Linear Feet 280

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in ~~Gravel Depth~~ Sand

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Conventional - Chamber HDPE

Repair System Description: Conv/Temp Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

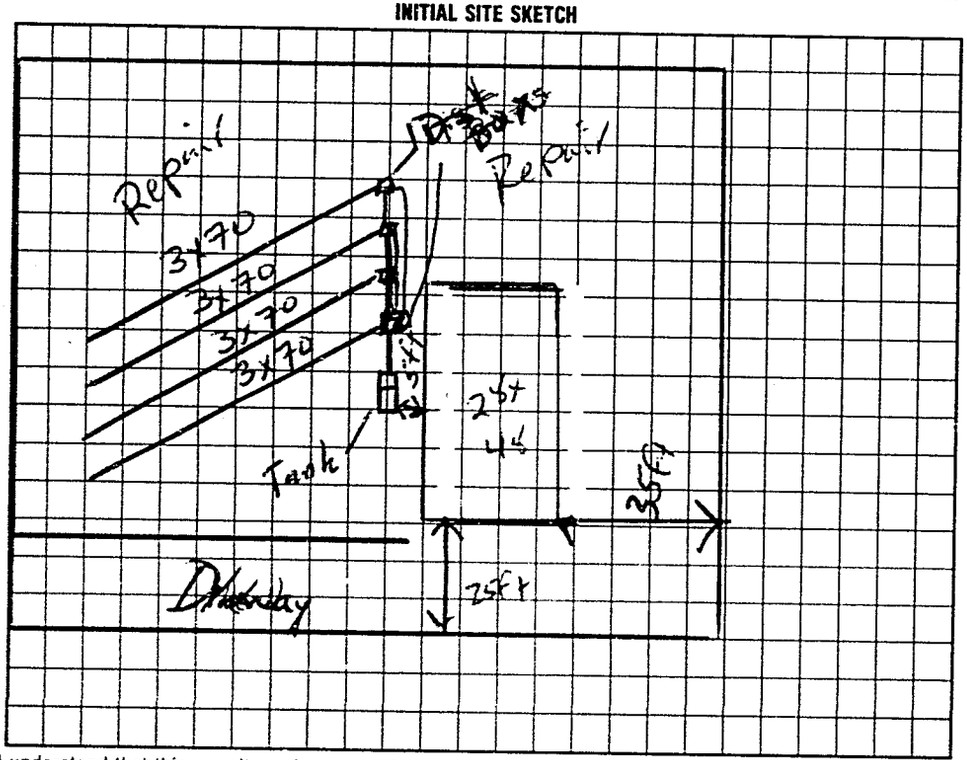
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions: Keep lines on contour, 9ft on center

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Dennis Dallidet date _____

Improvement Permit by: Mary C Ott RS date 4-9-98

Authorization to Construct by: Mary C Ott RS date 4-9-98

Installed by: A-1 Backhoe

Operation Permit by: Mary C Ott RS date 4-15-98

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

21500