IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-26-98

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

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

PERMIT# 070180 PIN# 4705 58 5226

OWNER OR CONTRACTOR ERNEST RUNGE PHONE: Business DATE 8-31-98

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677 Home 872-6645

LOCATION US 64 W, TL LAPPARD FARM, TR HAPPY ACRES, TL TRAILWAY, REAR LEFT, 1ST LOT ON RIGHT

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 40 LOT AREA 32,311 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 160 Date 8-13-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 80 TO 1200 Linear Feet 300 FT

No. Lines THREE Trench Width 36" Max Trench Bottom Depth 36

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

System Description: CHAMBERED GRAVITY

Repair System Description: PPBPS GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 6" ALL AROUND

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

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

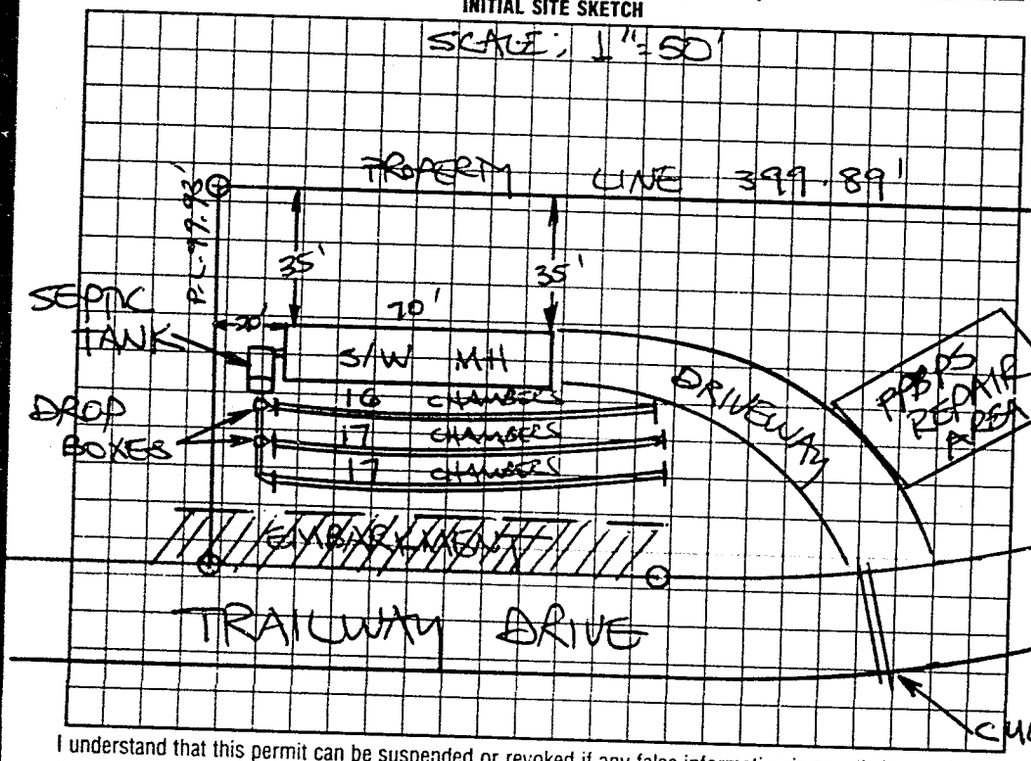
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

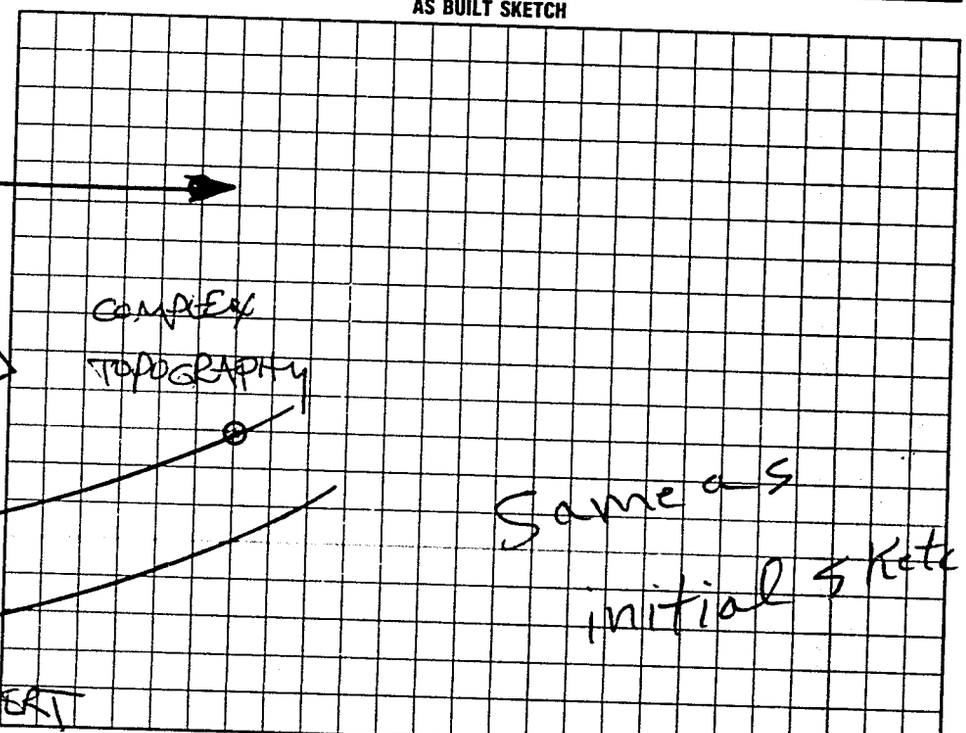
Comments:/Conditions: ① INSTALL FIFTH CHAMBERS (AT REQUEST) IN THREE LINES ON CONTOUR AS SHOWN ② NO VEHICULAR TRAFFIC ALLOWED OVER SYSTEM ③ KEEP SYSTEM MINIMUM 15' FROM TOP OF EMBANKMENT

Comments:/Conditions: Home Not on Site at Time of Inspection

INITIAL SITE SKETCH



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: X Angela Poole

Improvement Permit by: STEVE HEDRICK date 8-31-98

Authorization to Construct by: STEVE HEDRICK date 8-31-98

Installed by: Barry Sigmon Const.

Operation Permit by: P.C. Moore date 9-16-98

Existing System Inspection by: ____ date ____

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