IREDELL COUNTY HEALTH DEPARTMENT

*PERMIT VOIDS ONE ISSUED 5-20-04

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

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

PERMIT# 121128 PIN# 4706-43-4856 13 DATE 3-7-05

OWNER OR CONTRACTOR KENNETH SPENCER PHONE: Business (704) 880-3574 Home (704) 871-9305

ADDRESS 139 WATERCREST DR. STATESVILLE NC 28677

LOCATION HWY 90 WEST TL ROBERTSON RD TL RIDGE RUN DR. LOT ON LEFT

SUBDIVISION RIDGEWEST EST BLOCK / SECTION II LOT 13/14 LOT AREA 1.376 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 12-14-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☑ Business No. Employees ____

☐ Other ____

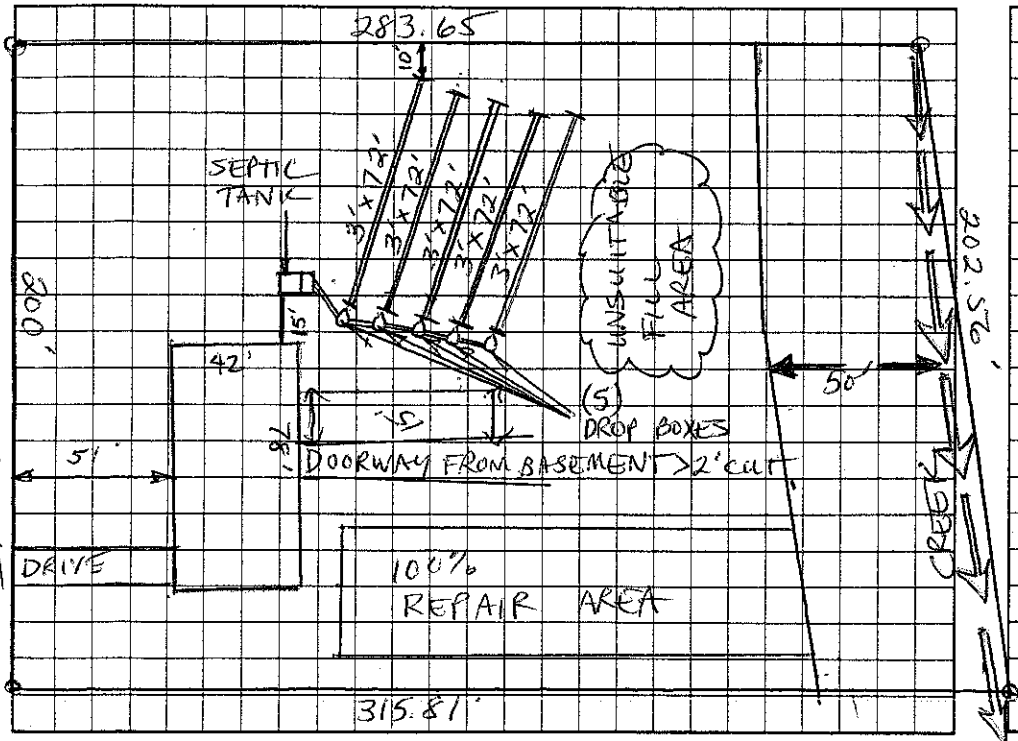
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

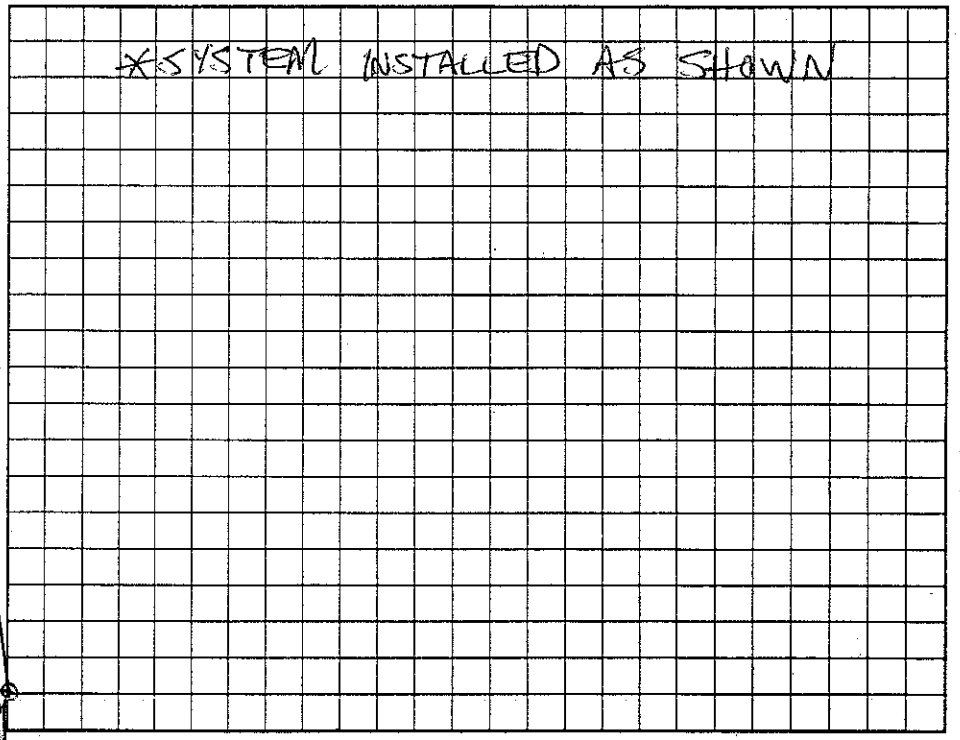
Comments:/Conditions: ① INSTALL LINES ON CONTOUR
② MAINTAIN SETBACKS

Comments:/Conditions: ① TANK HAS 'ZABEL' FILTER & MARKER
② QUICK-4 STD-W H-10 CHAMBERS

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: [signature] date 4/5/05 Installed by: IREDELL BACKHOE

Improvement Permit by: Christopher M. Sherrill LRS, LSS date 3-7-05 Operation Permit by: Christopher M. Sherrill LRS, LSS date 4-5-05

Authorization to Construct by: Christopher M. Sherrill LRS, LSS date 3-7-05 Existing System Inspection by: ____ date ____

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