IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073011 PIN# 4716 73 3185

OWNER OR CONTRACTOR CRANDALL & O'BRIEN PHONE: Business 871-1536 Home DATE 2-11-99

ADDRESS 310 TREEBARK ROAD, STATESVILLE NC 28677

LOCATION NC115 N TL SCOTTS CREEK, TR LITTLE FARM, TR WHEATLAND DRIVE, LOT AT END

SUBDIVISION SUMMERSET BLOCK / SECTION LOT 8 LOT AREA 0.44 ACRE + SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB IDIZ Date 3-7-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet EQ TO 1200 Linear Feet 300 +

No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI

System Description: 25% REDUCTION GRAVITY

Repair System Description: PRESS Pump-Fed

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

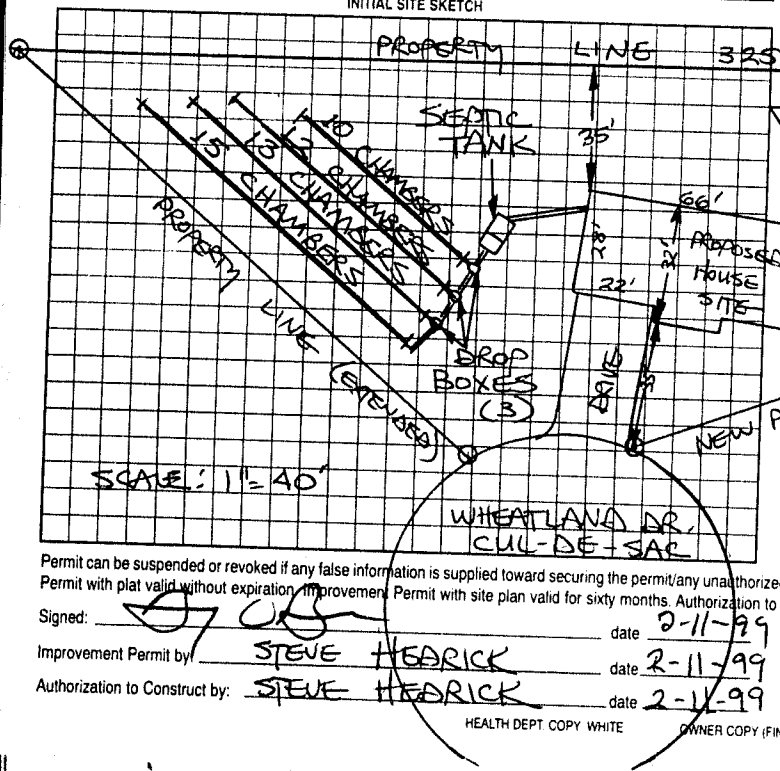
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

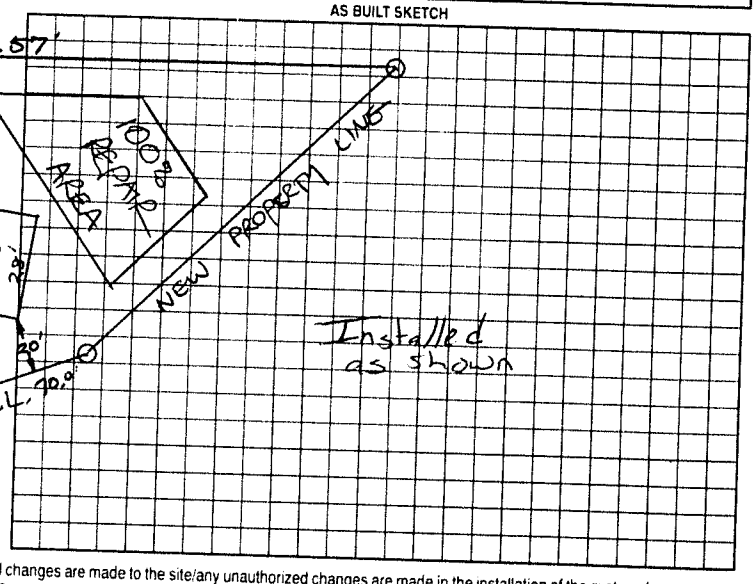
Comments/Conditions: INSTALL FIFTY (50) CHAMBERS AT OWNER'S REQUEST AS SHOWN BELOW

Comments/Conditions

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: _____ date 2-11-99

Improvement Permit by: STEVE HEDRICK date 2-11-99

Authorization to Construct by: STEVE HEDRICK date 2-11-99

Installed by: A-1 Backhoe

Operation Permit by: Mat C Ortz RS date 4-27-99

Existing System Inspection by: _____ date _____

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