# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8879 PIN# 4726316491 F7 DATE 7/5/00

OWNER OR CONTRACTOR RICHARD WILSON PHONE: Business 873-9034 Home

ADDRESS 2210 JAMES WAY STATESVILLE, NC 28625

LOCATION SCOTTS CREEK: TL MILLER FARM - TR ANTLER - TL RED BUCK - TR RIDGE - ON RT

SUBDIVISION DEERCROFT BLOCK / SECTION LOT 166 LOT AREA 1.686 AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-1-02
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth n/a

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: GRAV / PUMP PANEL C
Maintenance Agreement Required: ☐ Yes ☑ No

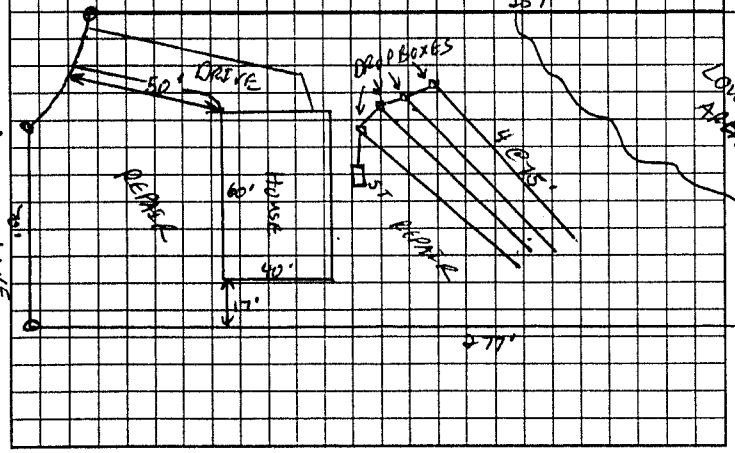
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

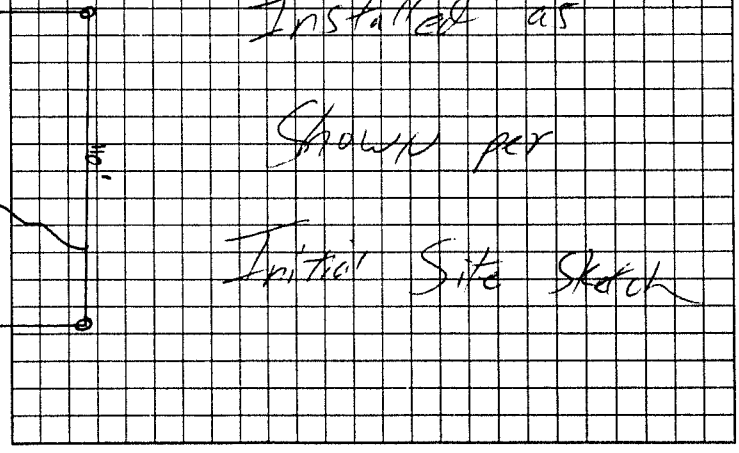
Comments/Conditions: HD gave prior approval to move drive to Rt. side of House.

Comments/Conditions: -48 - Infiltrator Chambers - poly lok filter Installed

INITIAL SITE SKETCH 1"=50'




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: Richard W. Wilson date 7/13/00 Installed by: Steve Jordan

Improvement Permit by: C. Hoffman RS date 7/5/00 Operation Permit by: William O. Johnson date 5/15/07

Authorization to Construct by: C. Hoffman RS date 7/5/00 Existing System Inspection by: date

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