IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089188 PIN# 4726 61 7537 DATE 5-17-00

OWNER OR CONTRACTOR JOHN'S WELDING PHONE: Business Home 873-7885

ADDRESS 1516 MOCKSVILLE Hwy, STATESVILLE, NC 28625

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR ANTLER DRIVE, LOT ON RIGHT AT BOTTOM OF HILL

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 40 LOT AREA 0.7476 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-27-00
Pump Tank: 1000 Gallons; PT 17 Date 5-7-00
Pump Make: GOULDS Model WE05114 Serial No H00L7232
Nitrification Field: No Fields 1 Square Feet REQ. 1440 Linear Feet 240
No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PPBPS, Pump FSD
Repair System Description: PPBPS, Low-Press
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

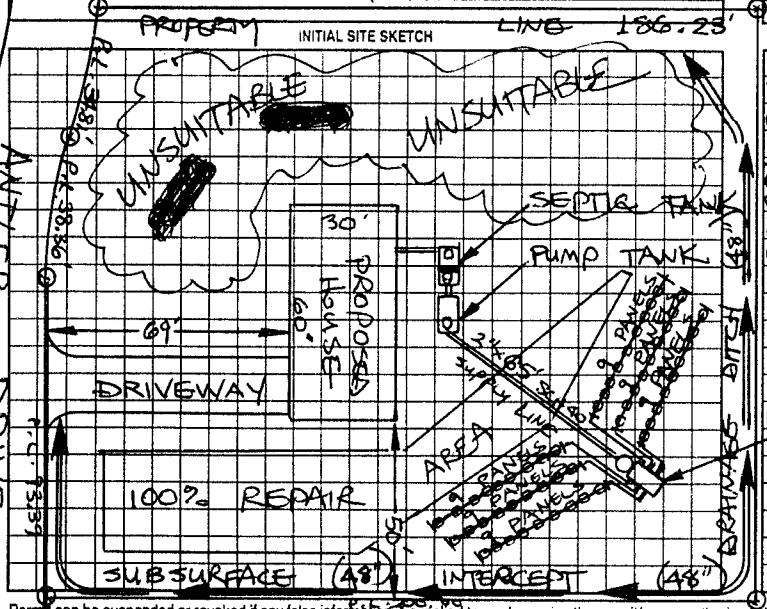
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: ① INSTALL 54 PPBPS PANELS IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN ② INSTALL SUBSURFACE INTERCEPT DRAIN AS SHOWN BEGINNING 48" DEEP

Comments/Conditions: ⑤ SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH.

PRESSURE CHECK OK 8-29-00

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 _____ Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 5-17-00 Operation Permit by: _____ date 10/17/00

Authorization to Construct by: STEVE HEDRICK date 5-17-00 Existing System Inspection by: _____ date _____

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