IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100814 PIN# 4727814125 DATE 6/25/01

OWNER OR CONTRACTOR Robert Krider PHONE: Business (704) 902-3328 Home (704) 876-2690

ADDRESS 131 Critter Lane Statesville NC 28625

LOCATION Hwy 115 N, (R) Red Chimney Road, (R) on Fox Lane, on Left @ End of Street

SUBDIVISION North Crossing BLOCK / SECTION II LOT 1 LOT AREA .71 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 4000 Gallons; STB 312 Date 5-9-00

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ______

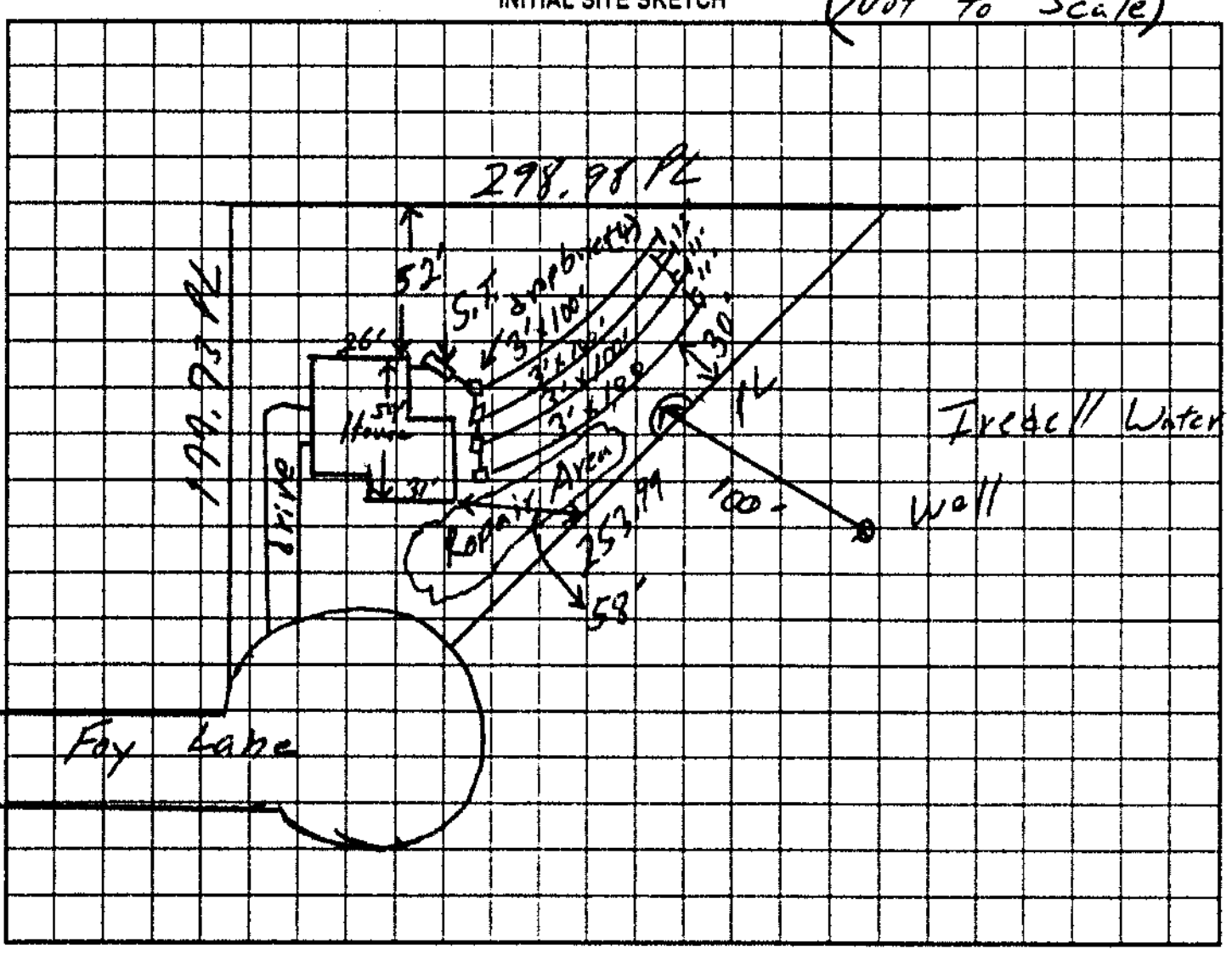
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

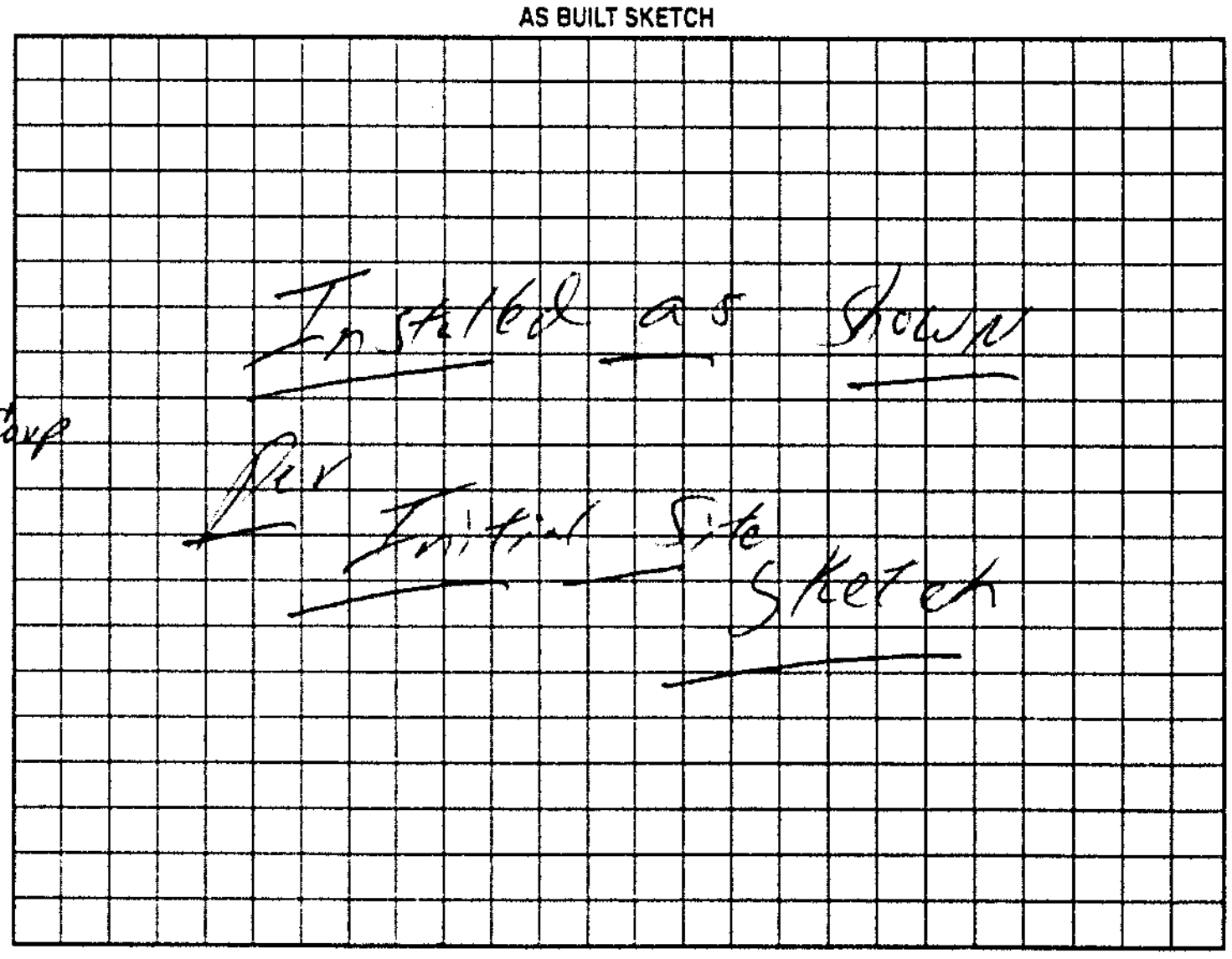
Comments:/Conditions: (1) Keep System 100 ft from well + 10 ft off PL (2) Do Not install when wet (3) Install Lines on Contour using Four (4) drop boxes

Comments:/Conditions: - Zabel filter Installed - Septic Tank header Installed + S.T. risers

INITIAL SITE SKETCH (Not to Scale)



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: Robert D. Krider date 6/26/01 Installed by: Kerry Madison

Improvement Permit by: William O. Johnson date 6/25/01 Operation Permit by: William O. Johnson date 10/26/01

Authorization to Construct by: William O. Johnson date 6/25/01 Existing System Inspection by: ______ date ______

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