IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088384 PIN# 4738 00 3365 (PT) DATE 4-15-00

OWNER OR CONTRACTOR CRAVEN ET AL PHONE: Business 872-6645 Home

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR BRANCHWOOD RD, TL RIVERFIELD DR, TR GRASSY MEADOW LANE, 5TH LOT ON RIGHT

SUBDIVISION RIDGECREST BLOCK / SECTION III LOT 62 LOT AREA 0.6378 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 825 Date 12-20-00

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 720/1200 Linear Feet 300+

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Depth SAND 6'

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

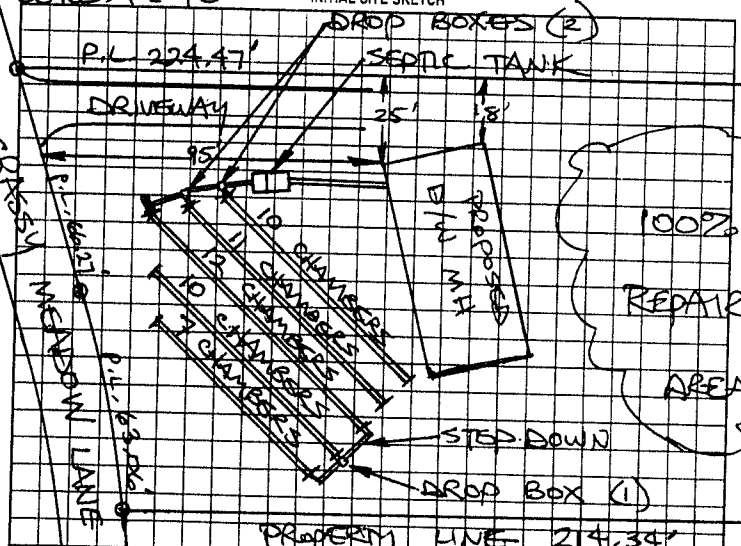
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

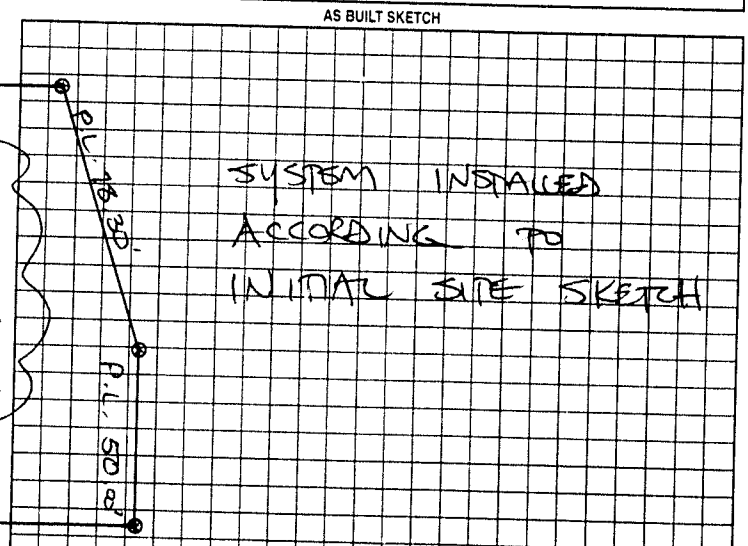
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN & FLAGGED ON SITE

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY COK" FILTER

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 4-15-00 Installed by: ROWAN SEPTIC TANK

Improvement Permit by: STEVE HEDRICK date 4-15-00 Operation Permit by: STEVE HEDRICK date 3-13-01

Authorization to Construct by: STEVE HEDRICK date 4-15-00 Existing System Inspection by: _____ date _____

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