IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078109 PIN# 4728 80 5275 DATE 12-16-98

OWNER OR CONTRACTOR CRAVEN & OTHERS PHONE Business 872-6645 Home

ADDRESS P.O. BOX 2257, ASHEBORO, NC 27204

LOCATION NC 115 N, TR BRANCHWOOD ROAD, TL RIVERFIELD DRIVE, 6TH LOT ON LEFT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 87 LOT AREA 0.551 ACRE SITE CLASS PS1 DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 11-23-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet 50 to 1080 Linear Feet 270+
No. Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Min. Depth SAND 6"

✓ New System Repair System Type I II (III) IV V VI
System Description 25% REDUCTION GRAVITY
Repair System Description PUBS GRAVITY
Maintenance Agreement Required Yes No
Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

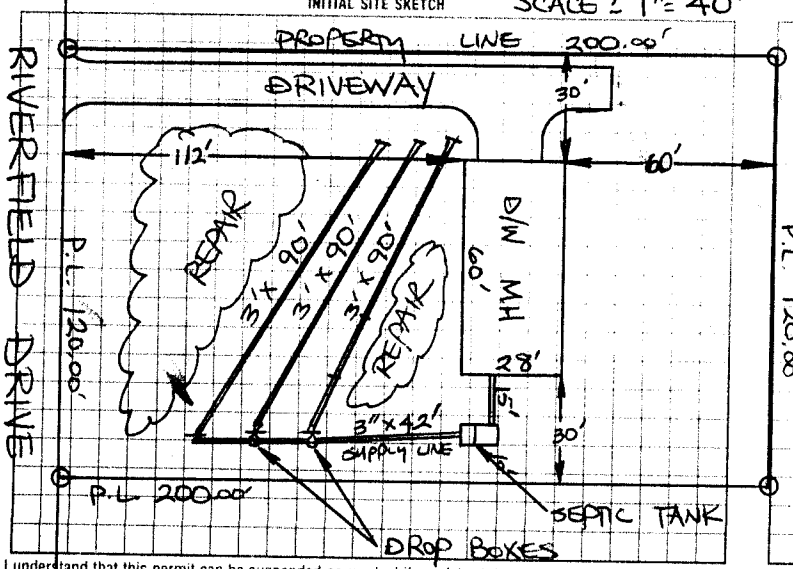
✓ House/Mod. Home No. Bedrooms 3
Mobile Home No. Bathrooms 2
Business No. Employees
Other

Water Supply: Individual ✓ Public Community

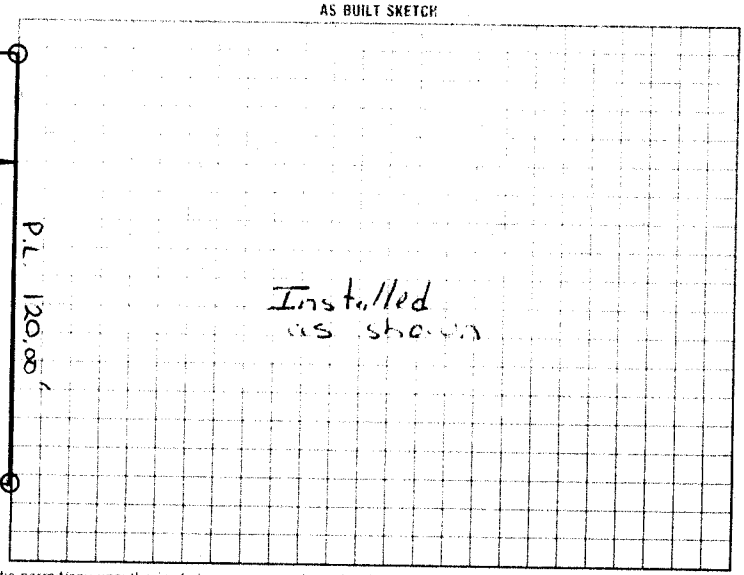
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM USING 45 CHAMBERS OR 27 H.D.S. SECTIONS (2) INSTALL LINES NO DEEPER THAN 26".

Comments: Conditions: Note. Hit rock first line ~ 30ft

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH



I understand that this 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: [signature] date 12-16-98

Improvement Permit by: STEVE HEDRICK date 12-16-98

Authorization to Construct by: STEVE HEDRICK date 12-16-98

Installed by: A-1 Backhoe

Operation Permit by: [illegible] date 2-25-99

Existing System Inspection by: date

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