IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

(C1) IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 105697 PIN# 4728-81-5288 DATE 4-27-02

OWNER OR CONTRACTOR KEARNS, CRAVEN PHONE: Business _____ Home 704-872-6645

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION NC 115 NORTH, TR BRANCHWOOD ROAD, TL RIVERFIELD DRIVE, LOT AT END ON LEFT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 95 LOT AREA 2.23 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 4-9-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth 12"

☐ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 50% REDUCTION LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

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

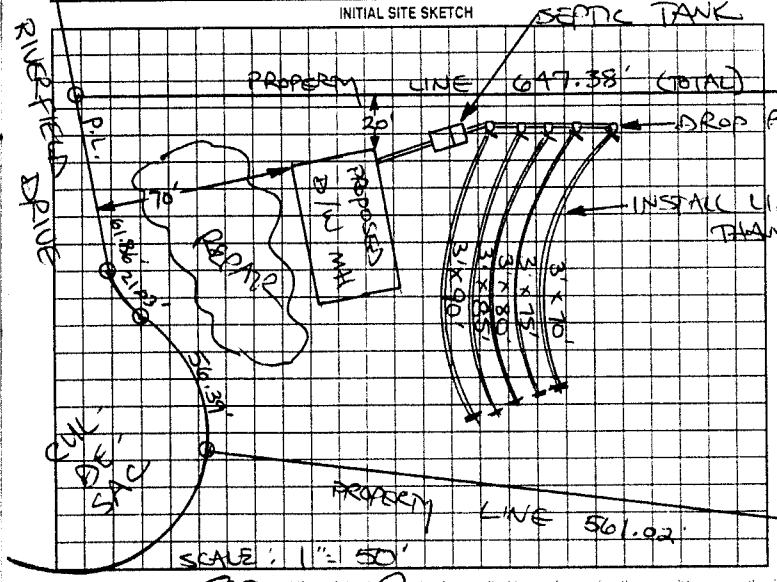
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "ZABEC" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 _____

Improvement Permit by: STEVE HEDRICK date 4-27-02

Authorization to Construct by: STEVE HEDRICK date 4-27-02

Installed by: CRAIG THOMPSON

Operation Permit by: STEVE HEDRICK date 5-22-02

Existing System Inspection by: _____ date _____

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