IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088386 PIN# 4728 81 6644 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 DRIVE, LOT AT END ON LEFT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 96 LOT AREA 8.09 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 7-11-00

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 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

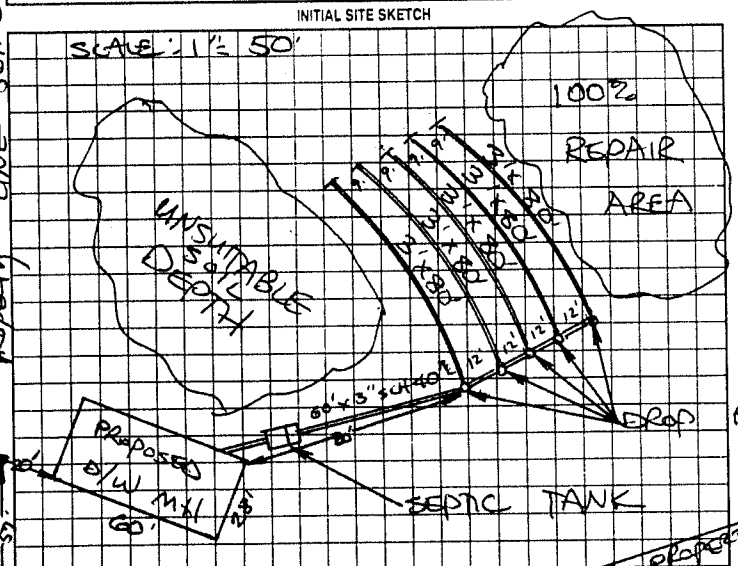
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

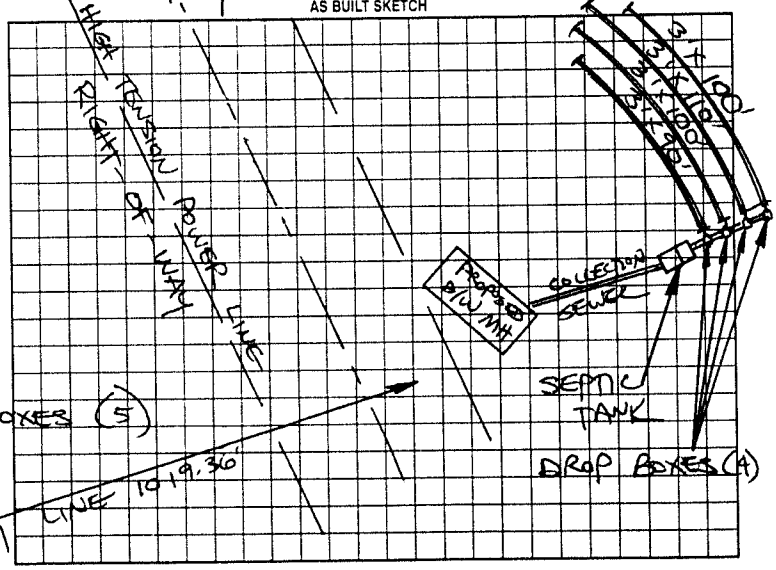
Comments/Conditions:

Comments/Conditions: ① SYSTEM AGREED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL ② SEPTIC TANK W/ RISERS AND MARKER INSTALLED USING "POLYLOK" 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 11 days prior

Improvement Permit by: STEVE HEDRICK date 4-15-00

Authorization to Construct by: STEVE HEDRICK date 4-15-00

Installed by: A-1 BACK HOE

Operation Permit by: STEVE HEDRICK date 9-13-00

Existing System Inspection by: ____ date ____

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

CUL-DE-SAC RIVERFIELD DRIVE