IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081503 (120651) WM# 4728 90 2591 DATE 7-14-99

OWNER OR CONTRACTOR ERNEST RUNGE PHONE: Business Home 872-6645

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE NC 28677

LOCATION NC 115 N, TR BRANCHWOOD, TL RIVERFIELD, TR MOUNTAIN CREST, 3RD LOT ON RIGHT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 115 LOT AREA 1.969 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-1-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

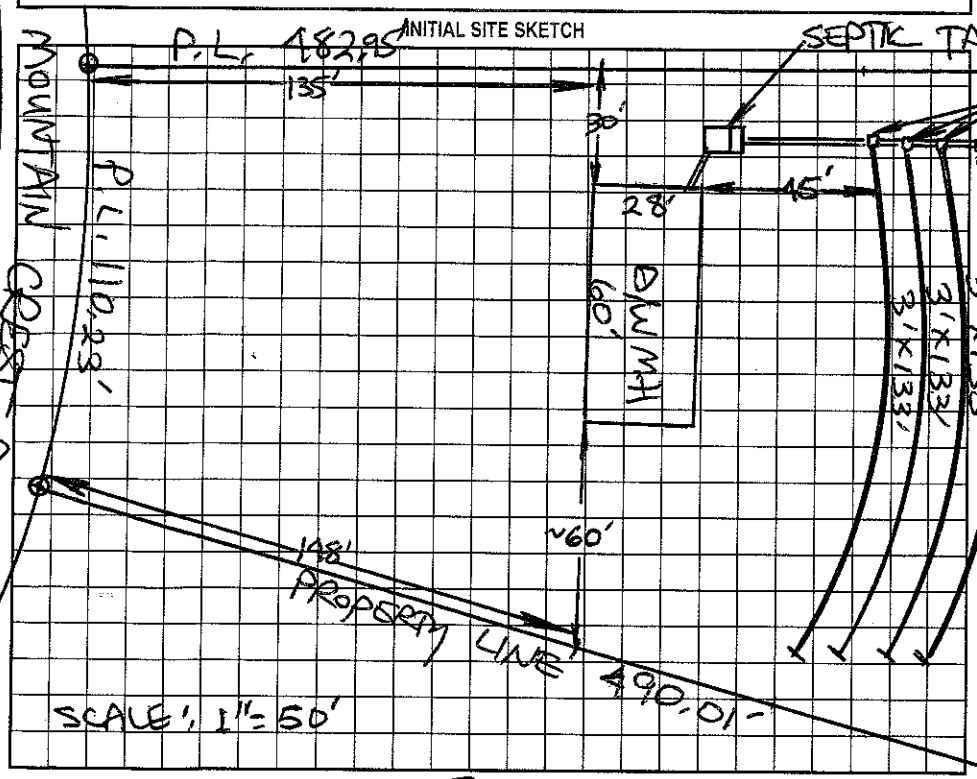
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

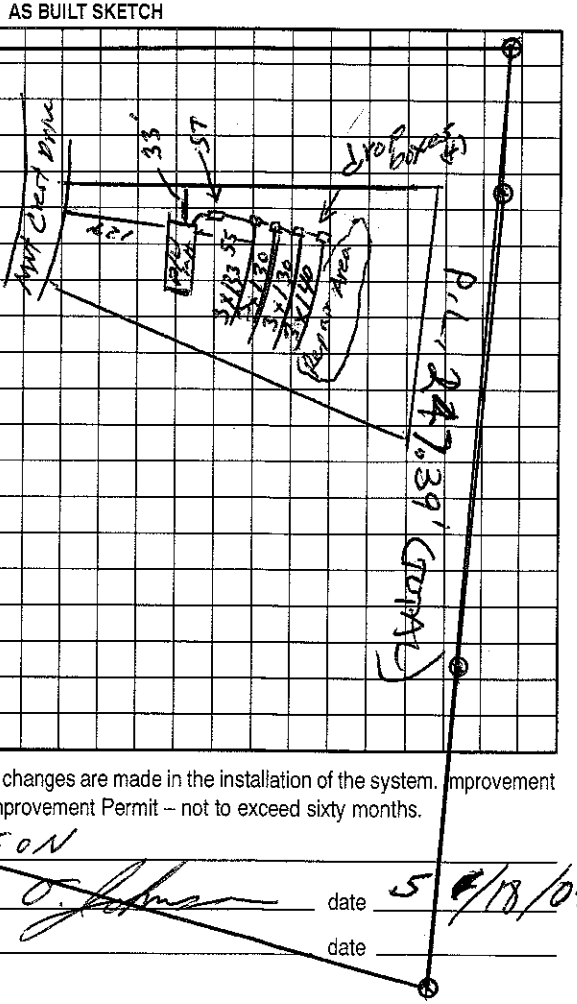
Comments/Conditions: INSTALL LINES ON CONTOUR

Comments/Conditions: Polylok filter + ST marker 1st Line okay 5-17-04

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: [signature] date 5/5/99 Installed by: E. THOMPSON

Improvement Permit by: STEVE HEDRICK date 7-14-99 Operation Permit by: [signature] date 5/18/04

Authorization to Construct by: STEVE HEDRICK date 7-14-99 Existing System Inspection by: ____ date ____

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