IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79061 PIN# 4728 90 2809 DATE 2-18-99

OWNER OR CONTRACTOR Ernest Runge PHONE: Business 881-7273 Home

ADDRESS 374 Long Island Road Statesville, N.C. 28677

LOCATION N.C. 115 N TR Branchwood TL Riverfield TR mt. Crest 2nd lot left

SUBDIVISION Ridgecrest BLOCK / SECTION II LOT 102 LOT AREA .888 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .36 GPD/ft²

Septic Tank: 1000 Gallons; STB ~~1000~~ Date ~~12-16-98~~

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 6" Sand

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

System Description: 25% Reduction Gravity

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

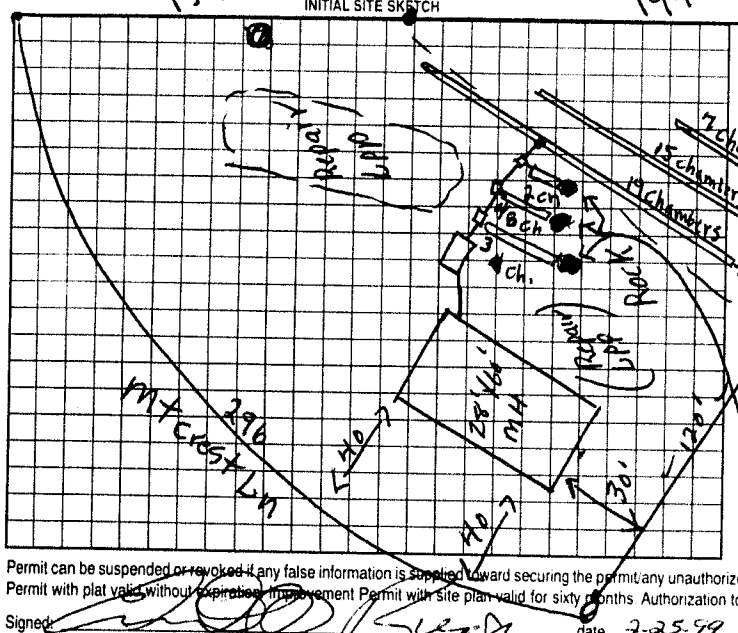
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

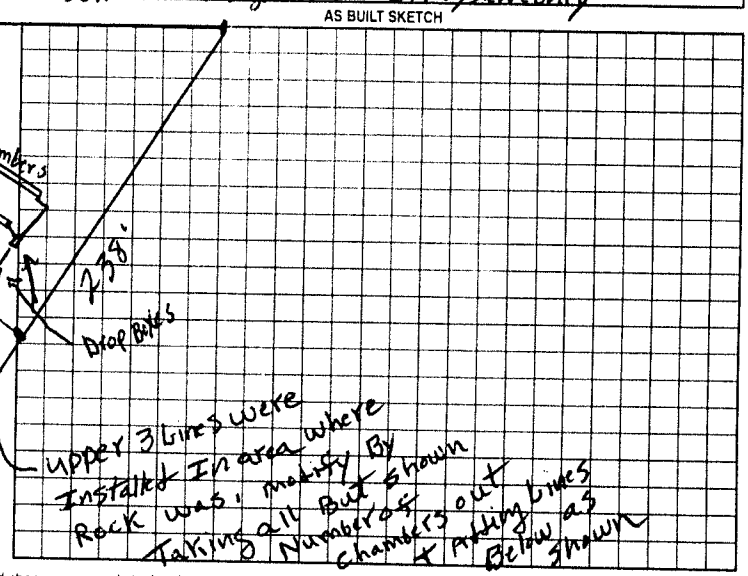
Comments/Conditions: This Permit Had To be issued To Replace Permit Issued 2-8-99 Installer Had Better Portion of Upper 3 Lines in Shallow soil area designated for LPP system only

Comments/Conditions

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 2-25-99

Improvement Permit by: P.C. Moore date 2-22-99

Authorization to Construct by: P.C. Moore date 2-22-99

Installed by: A-1 Backhoe

Operation Permit by: Mark C. Oaks date 3-2-99

Existing System Inspection by: date

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