IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088385 PIN# 4738 00 3365 (PT) DATE 4-15-00

OWNER OR CONTRACTOR CRAVEN ET AL PHONE: Business 872-6695 Home

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR BRANCHWOOD ROAD, TL RIVERFIELD DR, TR GRASSY MEADOW LANE, 6TH LOT ON LEFT

SUBDIVISION RIDGECREST BLOCK / SECTION III LOT 52 LOT AREA 1.0567 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/SF

Septic Tank: 1000 Gallons; STB 1012 Date 1-15-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
~~Fill~~ Depth 6" SAND ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

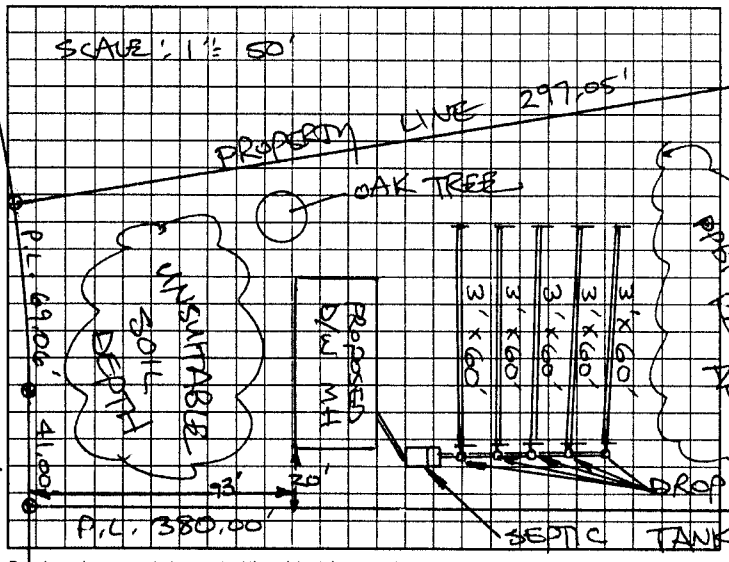
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

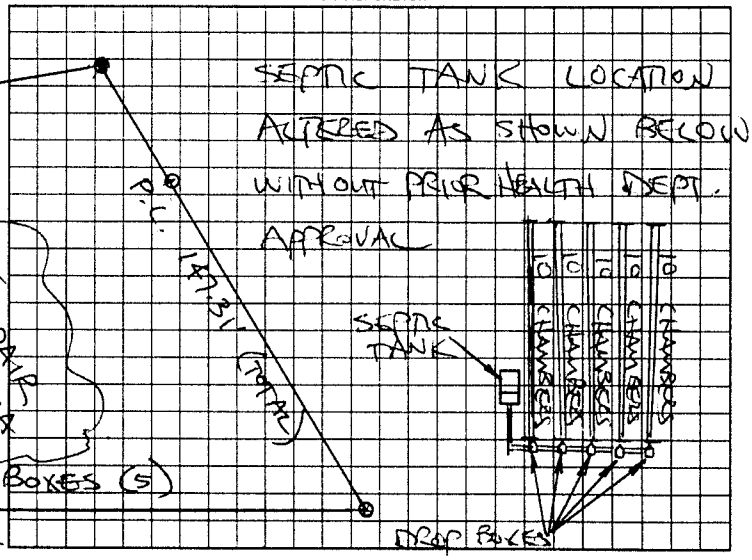
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" 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 excavation. 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 11/12 2000 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 4-15-00 Operation Permit by: STEVE HEDRICK date 5-23 02

Authorization to Construct by: STEVE HEDRICK date 4-15-00 Existing System Inspection by: ____ date ____

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