IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088052 PIN# 4728 91 1844 DATE 3-8-00

OWNER OR CONTRACTOR CRAVEN, KEARNS, ET AL PHONE: Business 872-6645 Home

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE NC 28677

LOCATION NC 115 NORTH, TR BRANCHWOOD ROAD, TL RIVERFIELD DRIVE, LOT AT END OF CUL-DE-SAC

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 97 LOT AREA 14.87 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-10-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 60 TO 1440 Linear Feet 240
No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PPBPS, GRAVITY-FED
Repair System Description: LARGE DIAMETER PIPE
Maintenance Agreement Required: ☐ Yes ☑ No

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

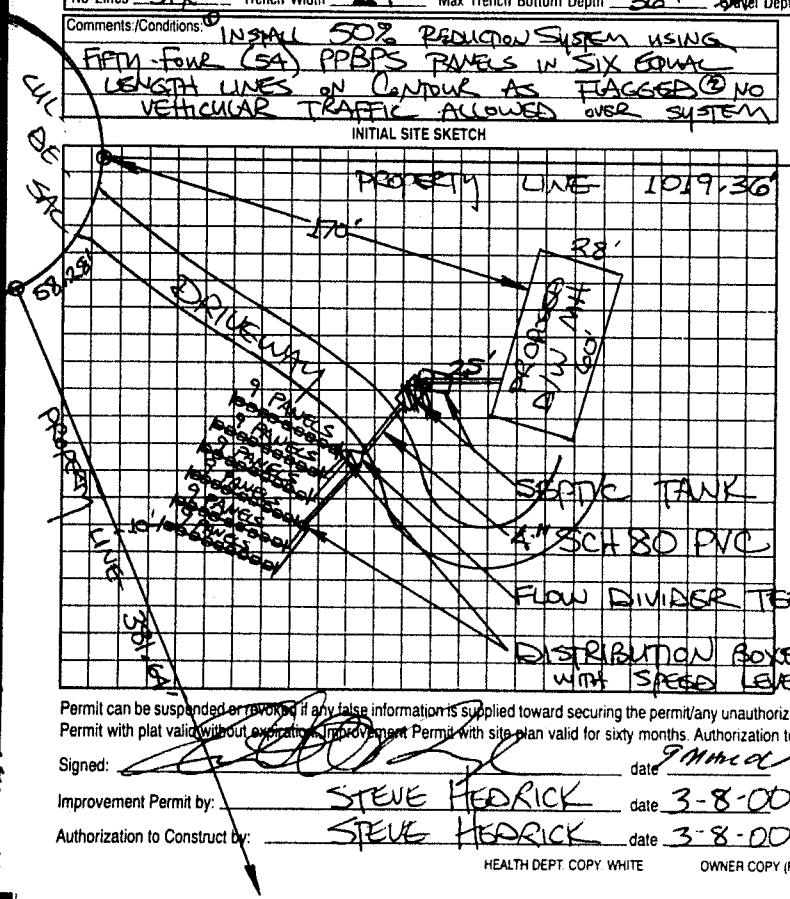
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

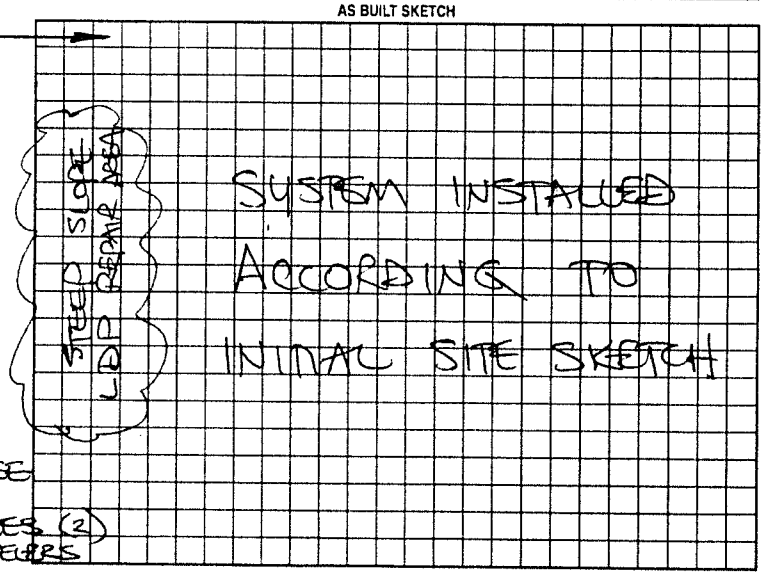
Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING FIFTY-FOUR (54) PPBPS PANELS IN SIX EQUAL LENGTH LINES ON CONTOUR AS FLAGGED ② NO VEHICULAR TRAFFIC ALLOWED OVER SYSTEM

Comments/Conditions. SEPTIC TANK W/ RISERS 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 9 MARCH 00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-8-00 Operation Permit by: STEVE HEDRICK date 8-25-00

Authorization to Construct by: STEVE HEDRICK date 3-8-00 Existing System Inspection by: ____ date ____

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