# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103 262 PIN# 4736-84-2945 DATE 11/29/01

OWNER OR CONTRACTOR Jack Borders PHONE: Business (704) 881-0025 Home —

ADDRESS 188 Rock Island Dr. Statesville N.C. 28625

LOCATION 21 N (L) Fort Dobbs, (R) Cooper Farm, (L) Clement, (R) Rock Island Road, on left

SUBDIVISION Willowbrook BLOCK / SECTION — LOT 37 LOT AREA .67 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1,000 Gallons: STB 1007 Date 2-22-02
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 495 to 446e Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Conv. w/ 25% Reduction
Repair System Description: Conv. w/ 25% Reduction
Maintenance Agreement Required: [ ] Yes [X] No

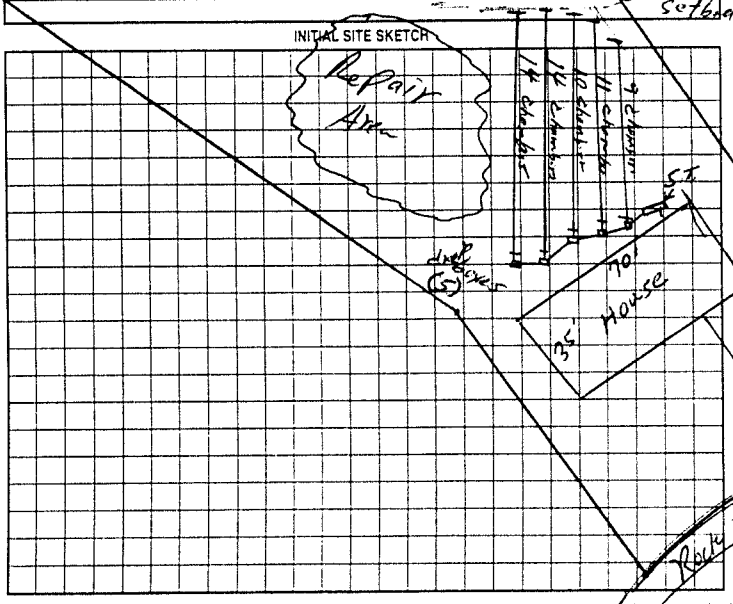
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

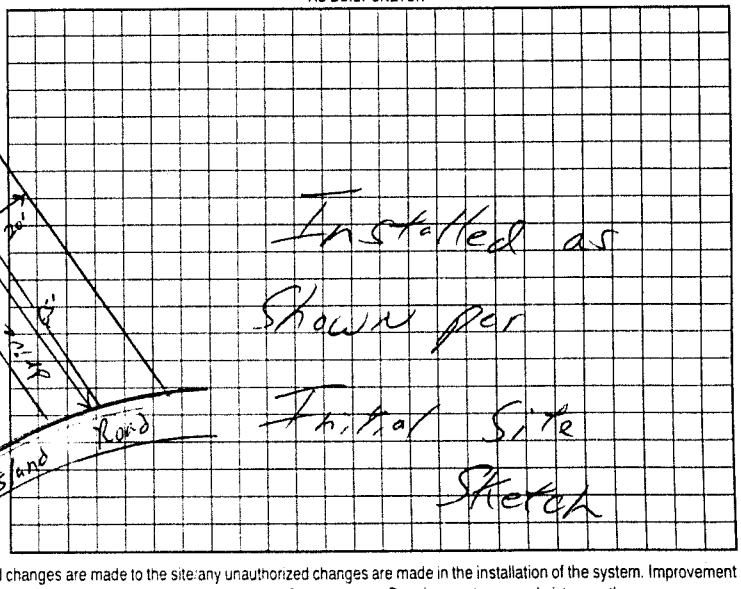
Comments/Conditions: ① 25% Reduction System - 58 chambers or 36.10 LF HDES Sections ② Maintain Proper Setbacks

Comments/Conditions: -Poly lok filter Installed
58 - Bio diffusers Installed
- Septic Tank Marker Installed

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 _____

Improvement Permit by: William O. Johnson date 11/29/01

Authorization to Construct by: William O. Johnson date 11/29/01

Installed by: Todd Beaty

Operation Permit by: William O. Johnson date 4/16/02

Existing System Inspection by: _____ date _____

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