# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111635 PIN# 4736-84-4758 DATE 4/14/03

OWNER OR CONTRACTOR Jack Borders PHONE: Business (704) 878-0082 Home –

ADDRESS 188 Knox Farm Rd Statesville, N.C. 28677

LOCATION Hwy 21N, (L) Fort Dobbs, (R) Cooper Farm, (L) Clearview, (R) on Rock Island Dr. on right corner

SUBDIVISION Willow Brook BLOCK / SECTION 12 LOT 12 LOT AREA .429 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 4-1-03
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model Equa.to Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, LPP
Maintenance Agreement Required: ☐ Yes ☒ No

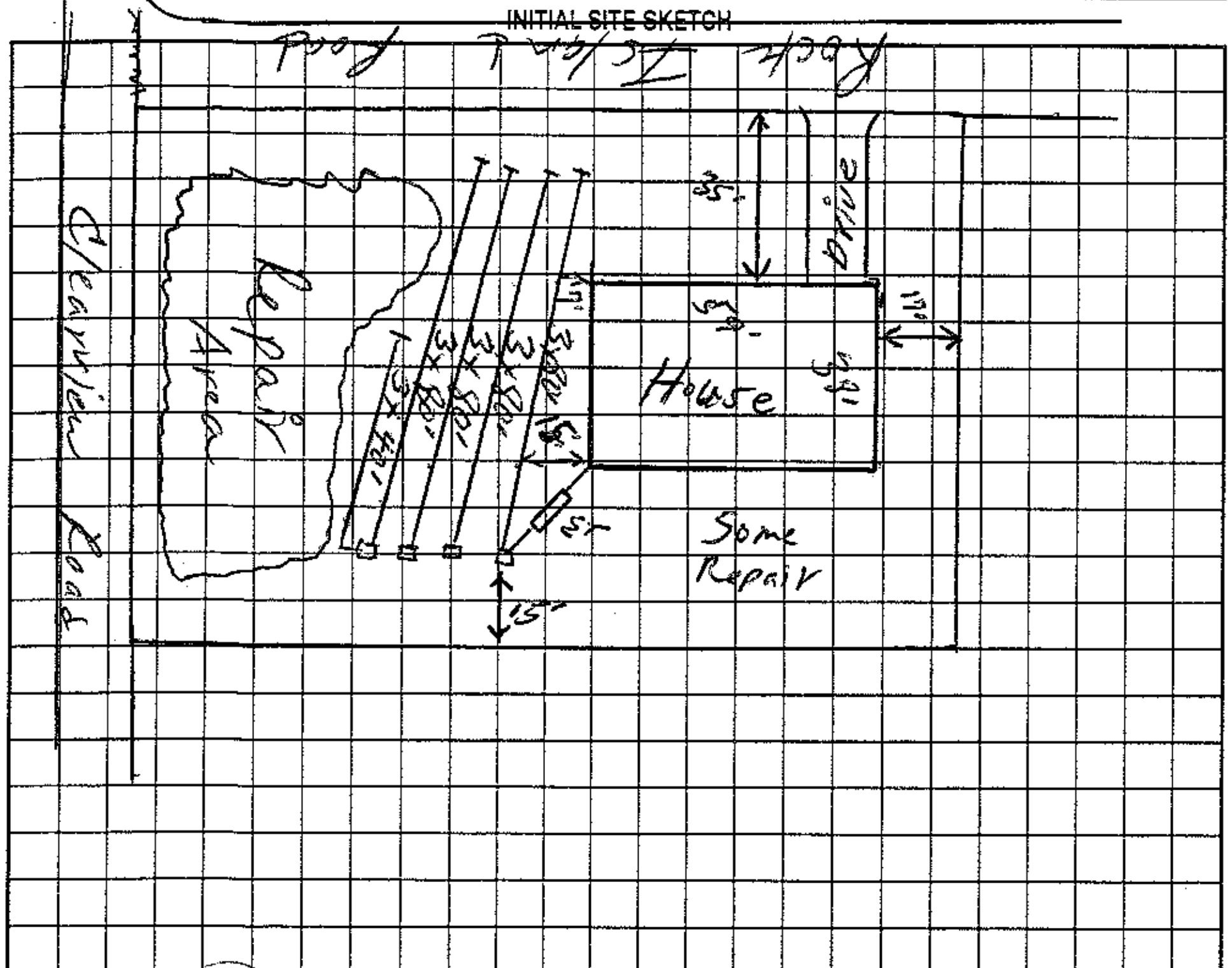
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ______
☐ Other ______
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: ① Install lines on contour ② Do not install when wet ③ maintain proper setbacks
1" = 50'

Comments:/Conditions:
– Tuff-Tite filter + ST marker Installed
– 59 Infiltrator Chambers Installed

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed As Shown per Initial Site 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: Jack B. Borders date ______ Installed by: Dale Fox
Improvement Permit by: William O. Johnson date 4/14/03 Operation Permit by: William O. Johnson date 10/23/03
Authorization to Construct by: William O. Johnson date 4/14/03 Existing System Inspection by: ______ date ______

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