IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 117006 PIN# 4736-85-0080 0060 DATE 8/31/04

OWNER OR CONTRACTOR Bruce Porter PHONE: Business (704) 878-9314 Home (704) 902-3124

ADDRESS 2143 Mocksville Hwy Statesville N. C. 28677

LOCATION Hwy 21 N. @ on Nixon Rd, @ on Cooper Farm @ on Fairdale Road on right

SUBDIVISION Willowbrook BLOCK / SECTION 1 LOT 29 LOT AREA .568 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 sq/ft

Septic Tank: 1,000 Gallons; STB 1012 Date 7-5-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Capacity, PS% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

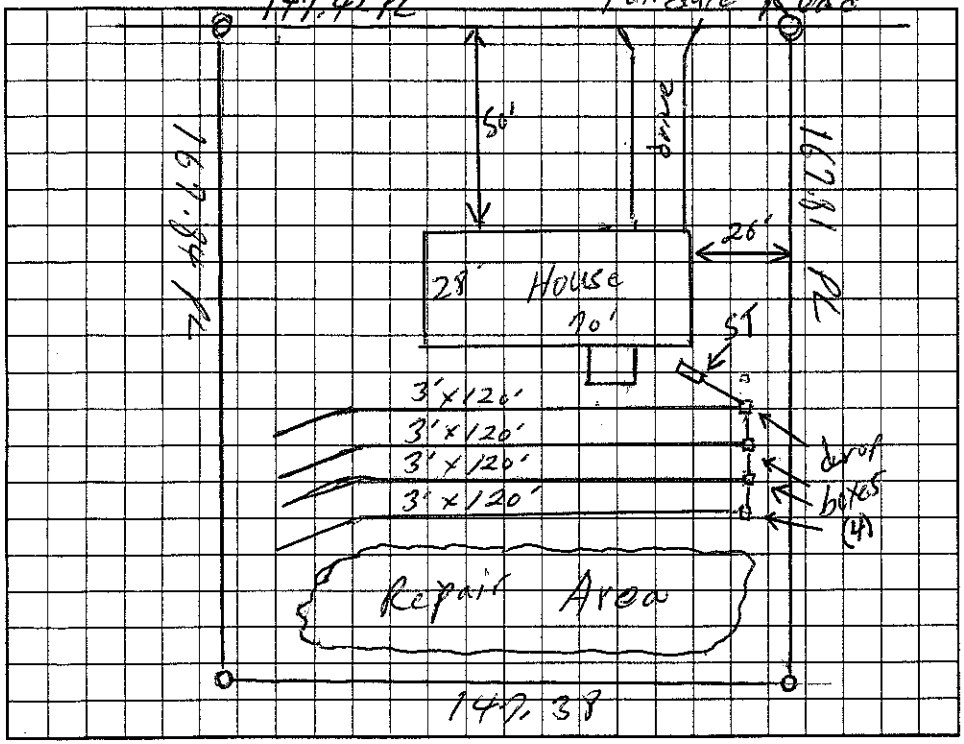
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

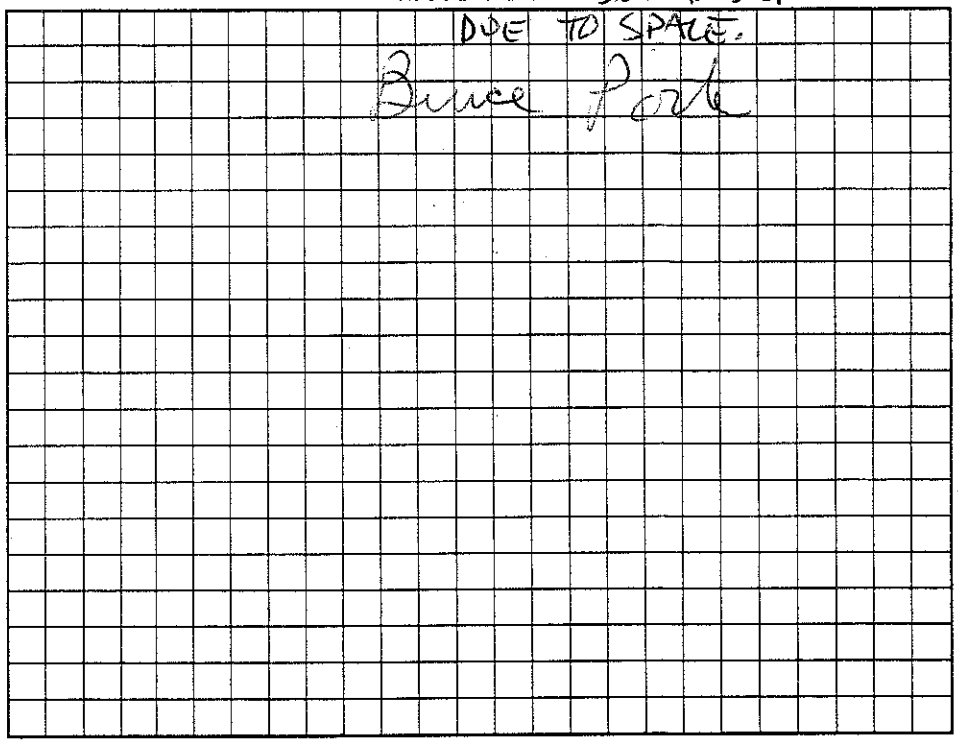
Comments/Conditions: (1) Install lines on Contour (2) Do not install when wet

Comments/Conditions: TUFF TITE FILTER & MARKER INSTALLED AS DRAWN
CHANGED REDUCT TO LOW PRESSURE

INITIAL SITE SKETCH Fairdale Road



AS BUILT SKETCH 50% REDUCT



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: Bruce Porter date 9-2-04
Improvement Permit by: William O. Johnson date 8/31/04
Authorization to Construct by: William O. Johnson date 8/31/04

Installed by: DALE FOX
Operation Permit by: [signature] date 10-29-04
Existing System Inspection by: _____ date _____

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