IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117008 PIN# 4736-85-4130 1152 DATE 8/31/04

OWNER OR CONTRACTOR BRUCE PORTER PHONE: Business (704) 878-9314 Home (704) 902-3124

ADDRESS 2143 MOCKSVILLE HWY STATESVILLE 28625

LOCATION 2 IN TL FT. DOBBS RD TR COOPER FARM RD TL CLEARVIEW RD TR FAIRDALE RD LOT #30 ON RIGHT

SUBDIVISION WILLOW BROOK BLOCK / SECTION I LOT 30 LOT AREA .607 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 6-23-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: LPP PPBPS 50% RED
Maintenance Agreement Required: ☐ Yes ☑ No

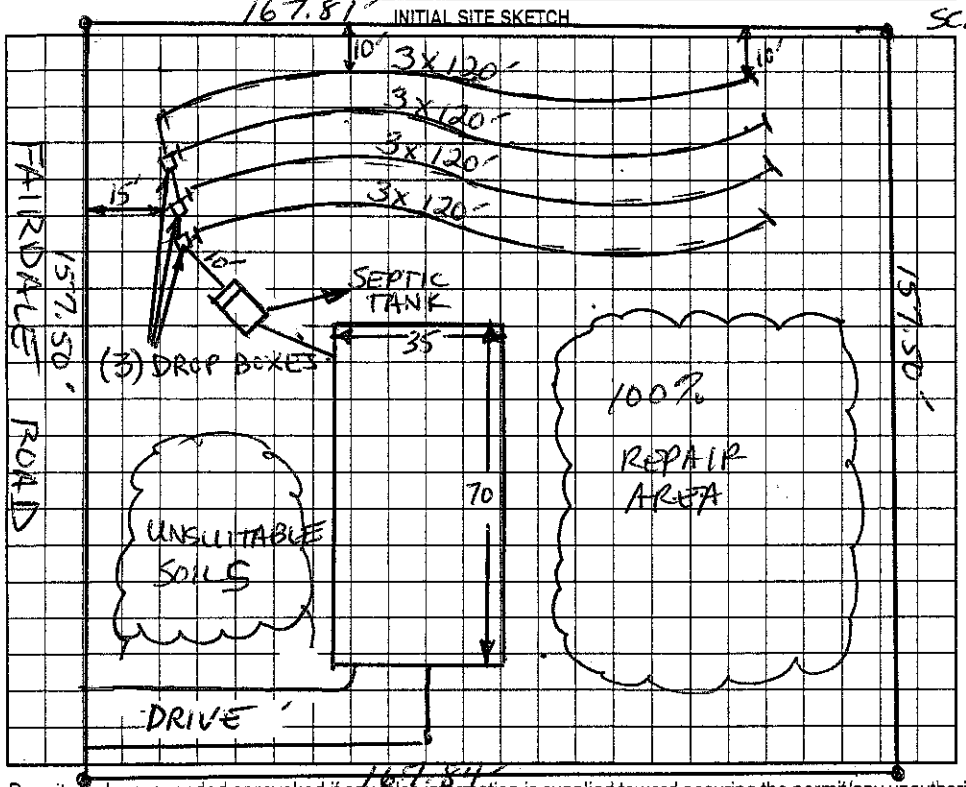
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

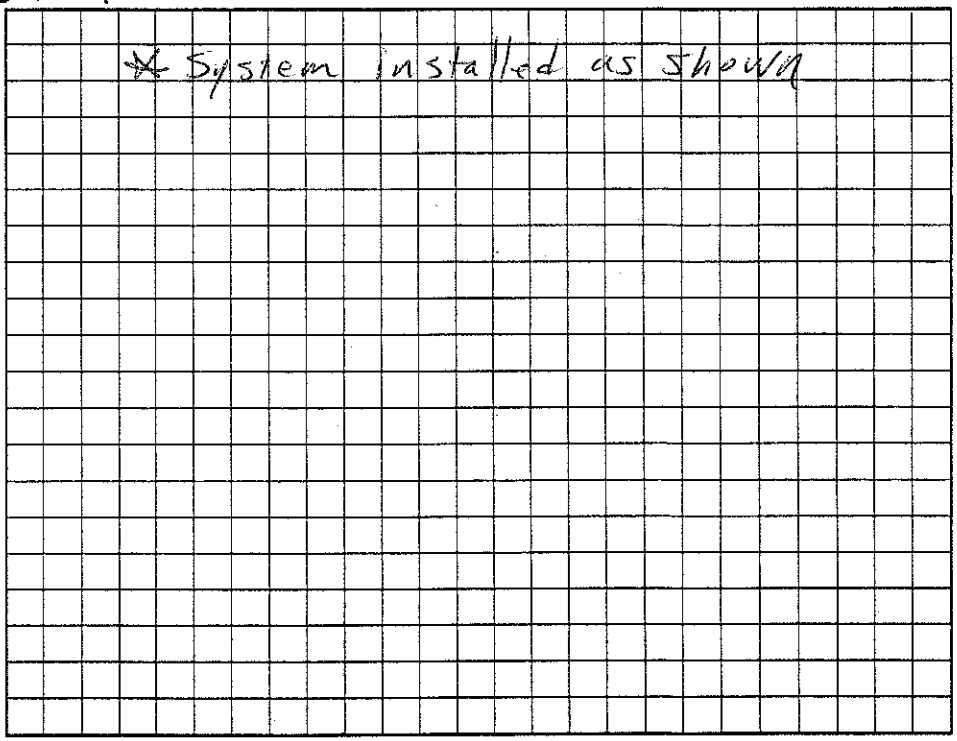
Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) DO NOT INSTALL SYSTEM WHEN WET (3) MAINTAIN SETBACKS

Comments/Conditions: (1) TUFF-TITE (2) #5 STONE

INITIAL SITE SKETCH SCALE 1"=40'



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 9-2-04 Installed by: DALE FOX

Improvement Permit by: Christopher M Shuler, RS date 8-31-04 Operation Permit by: Christopher M Shuler, RS date 11-19-04

Authorization to Construct by: Christopher M Shuler, RS date 8-31-04 Existing System Inspection by: ____ date ____

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