IREDELL COUNTY HEALTH DEPARTMENT

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

* THIS PERMIT VOIDS PREVIOUS PERMIT DATED 6/16/05 *

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

PERMIT# 117011 PIN# 4736 85 2257 56 DATE 10/11/05

OWNER OR CONTRACTOR BRUCE PORTER PHONE: Business 704 902 3124 Home

ADDRESS 2193 OLD MOCKSVILLE HWY STATESVILLE, NC 28625

LOCATION 21N (L)FT DOBBS (R) COOPER FARM (L)FAIRDALE (CROSS INTERSECTION) (R)LOT 230 FAIRDALE RD

SUBDIVISION WILLOWBROOK BLOCK / SECTION I LOT 32 LOT AREA .68 ACRES SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 9-19-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ER 1440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth ____

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

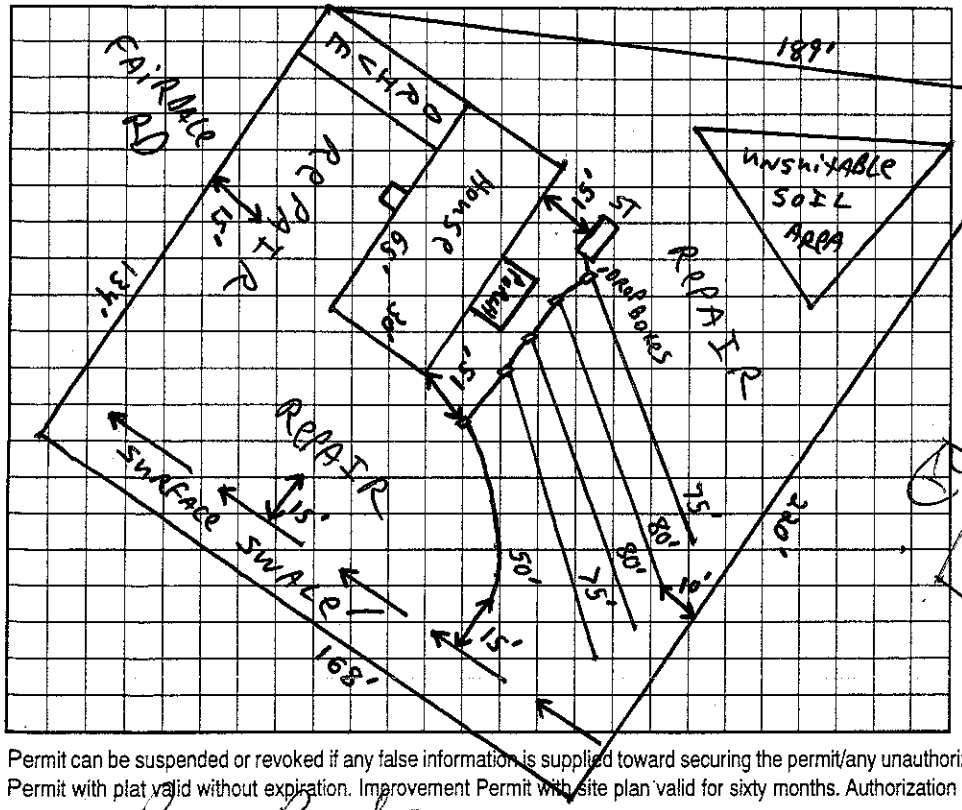
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

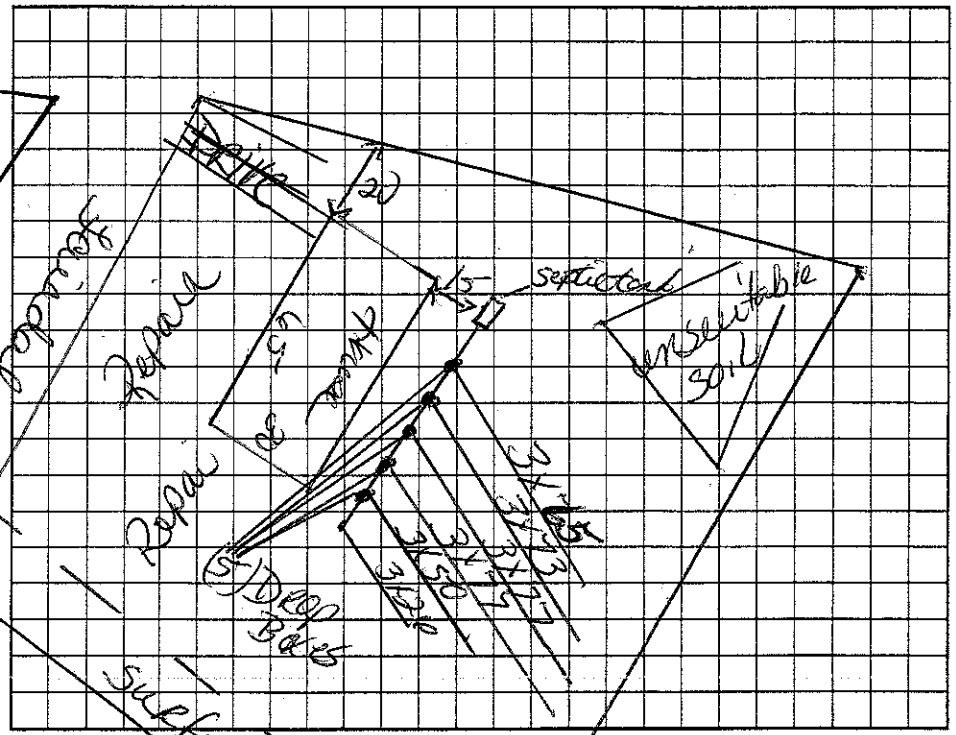
Comments:/Conditions: INSTALL ON CONTOUR, MAINTAIN ALL SETBACKS, ESPECIALLY 15' SETBACK BETWEEN HOUSE FOUNDATION AND SEPTIC SYSTEM. DO NOT CUT, BACKFILL ONLY. INSTALL SURFACE SWALE TO DIRECT WATER FLOW.

Comments:/Conditions: Label - Grey Filter Septic tank to make 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: Bruce Porter date ____

Improvement Permit by: [signature] date 10/11/05

Authorization to Construct by: [signature] date 10/11/05

Installed by: Tommy Cothren

Operation Permit by: [signature] date 11-7-05

Existing System Inspection by: ____ date ____

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