IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103263 PIN# 4736-85-3027 DATE 11/28/01

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

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

LOCATION 21 N. to Fort Dobbs, (R) Cooper Farm Rd, (L) Clearview (R) Rock Island, on left

SUBDIVISION Willow Knox BLOCK / SECTION — LOT 36 LOT AREA 1.56 Ac. SITE CLASS 75 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 100 Date 12-6-02 — X New System ☐ Repair System Type: I, II, III, IV, V, VI — X House/Mod. Home No. Bedrooms 3 — Water Supply: ☐ Individual X Public ☐ Community

Pump Tank: ____ Gallons; PT ____ Date ____ — System Description: Gravity, 25% Reduction — ☐ Mobile Home No. Bathrooms 2

Pump Make: ____ Model equiv to Serial No ____ — Repair System Description: Pump, 50% Reduction — ☐ Business No. Employees ____

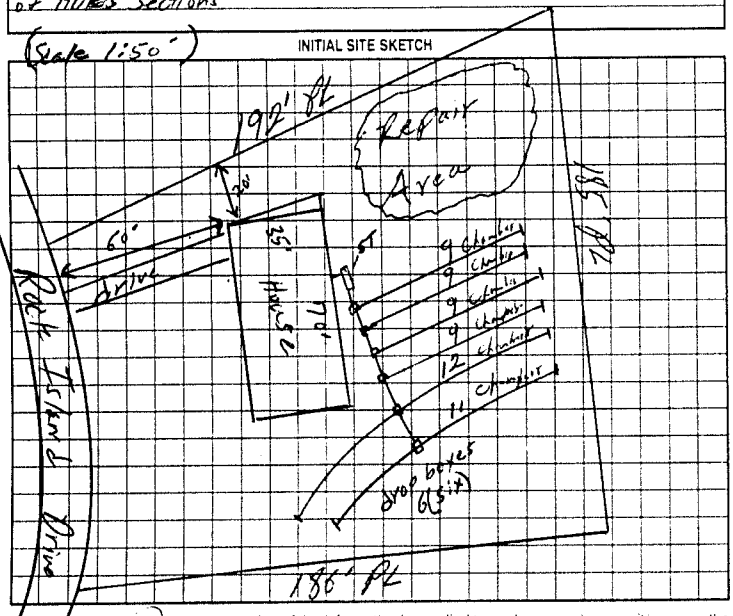
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360 — Maintenance Agreement Required: ☐ Yes X No — ☐ Other ____

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA — ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

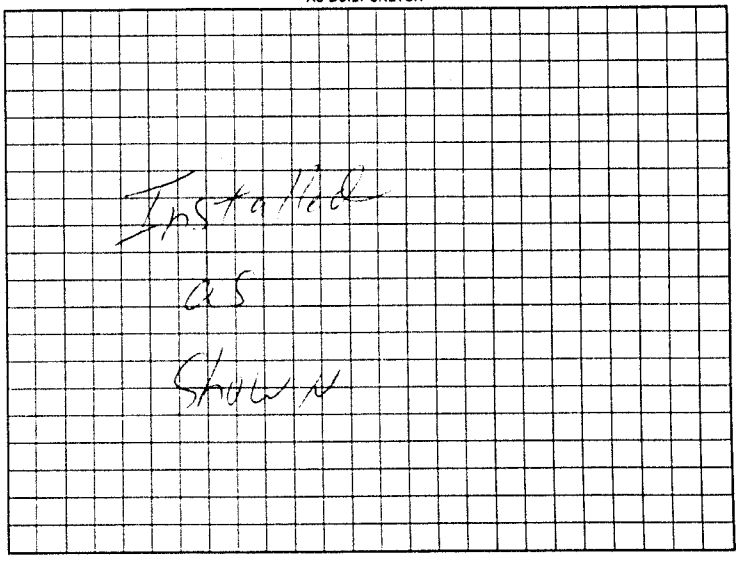
Comments /Conditions: ① Maintain proper setbacks ② Install 25% Reduction system - 49 chambers or 36' - 10ft Sections or 1065 Sections

Comments /Conditions: - poly lok filter Installed, Septic Tank Water Installed. - Bio diffuse Chamber Installed

INITIAL SITE SKETCH (Scale 1:50')



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 ____ Installed by: Dale Fox

Improvement Permit by: William C. Johnson date 11/28/01 Operation Permit by: William C. Johnson date 3/4/02

Authorization to Construct by: William C. Johnson date 11/28/01 Existing System Inspection by: ____ date ____

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