IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 108508 PIN# 4736-85-4119 DATE 9/13/02

OWNER OR CONTRACTOR Jack Borders PHONE: Business — Home (704) 881-0625

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

LOCATION US 21 N. @ Fort Dobbs Rd @ Cooper Farm Rd @ Clearview @ Rock Island Drive

SUBDIVISION Willow Brook BLOCK / SECTION 2 LOT 35 LOT AREA 29,316 sq ft SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 4,000 Gallons; STB 1012 Date 12-8-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345

No Lines 7 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: Pump, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

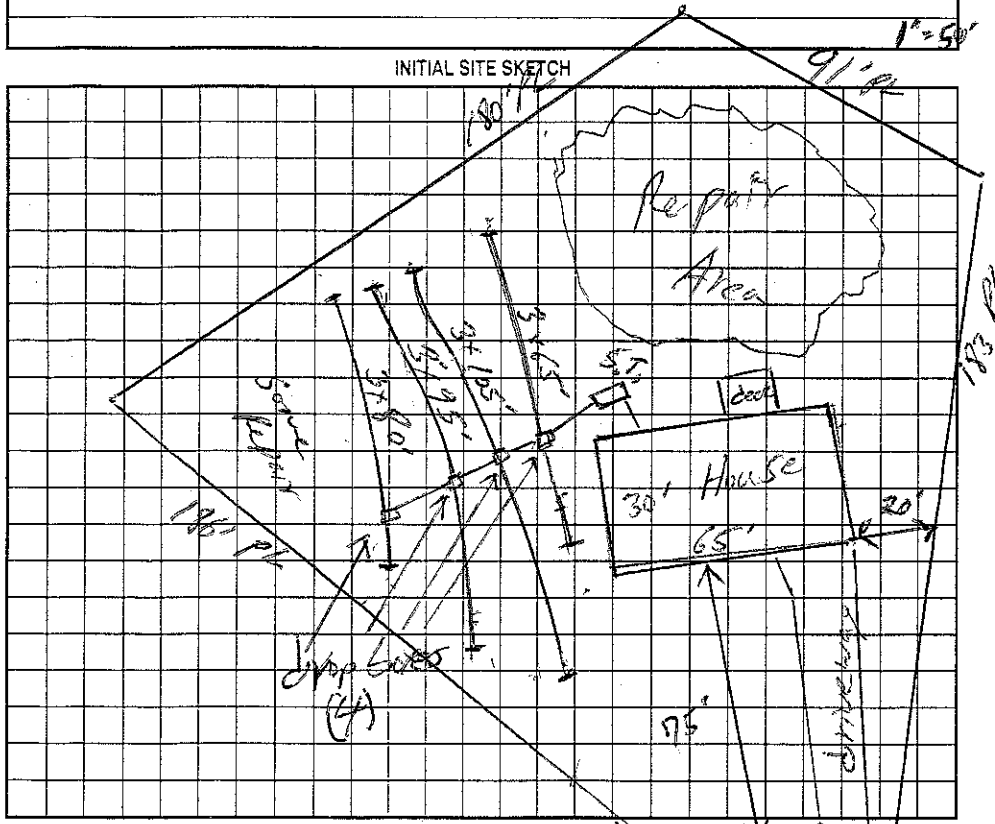
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

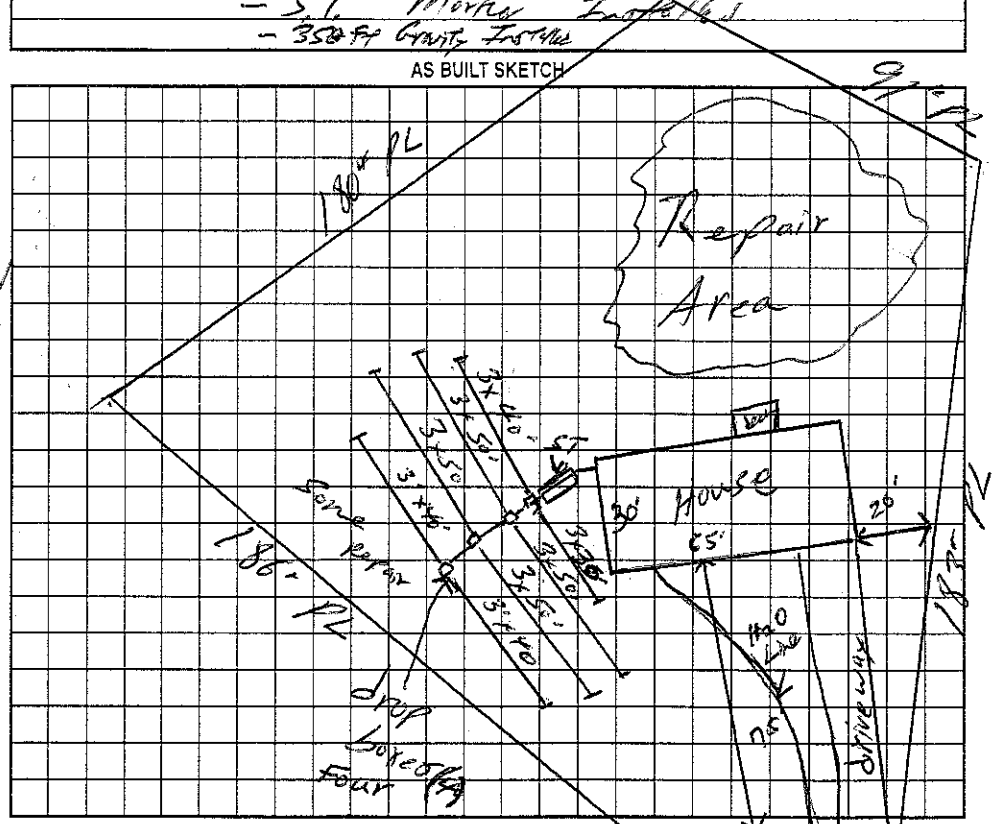
Comments/Conditions: ① Install trees on Contour ② maintain proper Setbacks

Comments/Conditions:
- Tuff - Tite filter Installed
- ST Marker Installed
- 350 ft Gravity 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: ____ date ____

Improvement Permit by: William O. Johnson date 9/13/02

Authorization to Construct by: William O. Johnson date 9/13/02

Installed by: Dale Fox Grading

Operation Permit by: William O. Johnson date 7/24/03

Existing System Inspection by: ____ date ____

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