IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103821 PIN# 4736-85-5021 DATE 2/28/02

OWNER OR CONTRACTOR Jack Buckner PHONE ~~Business~~ cell (704)902-4878 Home (704)881-0025

ADDRESS 188 Knox Farm Road Statesville, NC 28625

LOCATION Hwy 21 N, (L) Fort Dobbs (R) Cooper Farm, (L) Creekview (R) Rock Island drive, Lot on Right.

SUBDIVISION Willow Brook BLOCK / SECTION ____ LOT 142 LOT AREA .41 ACRES SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .25 x 0

Septic Tank: 4000 Gallons; STB 1012 Date 2-7-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 280'
No Lines 6@40' Trench Width 24 Max Trench Bottom Depth 36" Gravel Depth 6"

X New System ☐ Repair System Type: I II (III) IV V VI
System Description: Gravity, 50% Reduction
Repair System Description: Pump, 50% Reduction
Maintenance Agreement Required: Yes X No

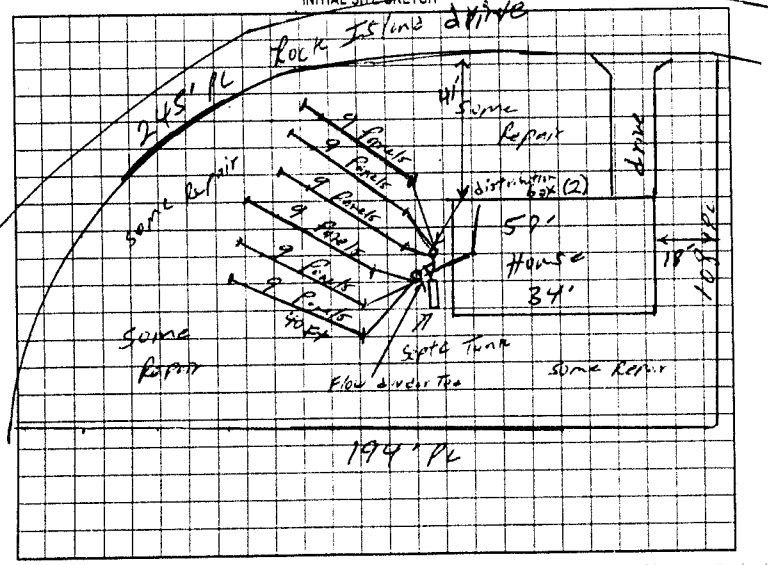
X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

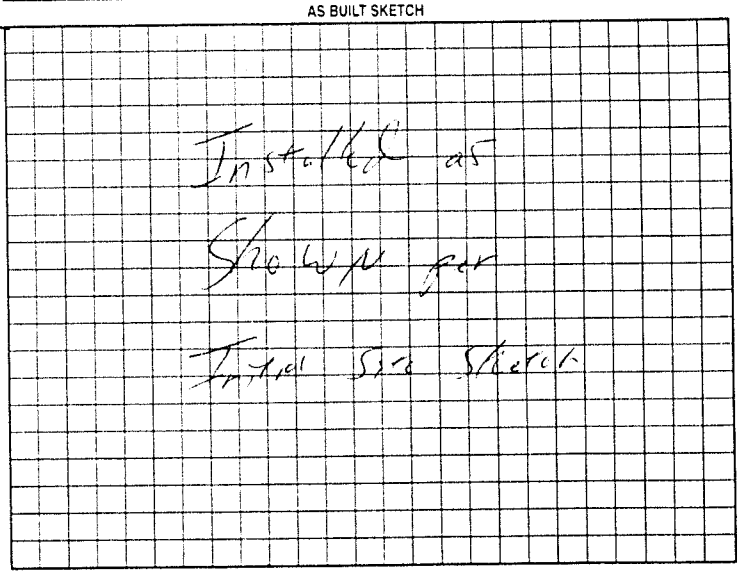
Comments/Conditions: (1) Install RP66S using 54 feet with one (1) Flow divider and (2) two distribution boxes to feed Lines equally. (2) Maintain proper setbacks. Sand needed about 40 Tons

Comments/Conditions: Tuff-Tite Filter Installed Six Inches 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: [signature] date 4/5/02 Installed by: Dale Fox

Improvement Permit by: William O. Johnson date 2/28/02 Operation Permit by: William O. Johnson date 12/2/02

Authorization to Construct by: William O. Johnson date 2/28/02 Existing System Inspection by: ____ date ____

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