IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102171 PIN# 4756-85-5169 DATE 9-27-01

OWNER OR CONTRACTOR JACK B BORDERS PHONE: Business _____ Home 704-881-0025

ADDRESS 188 KNOX FARM RD STATESVILLE NC 28625

LOCATION 115 N (R) CHIPLEY FORD (R) CLAREMONT, (L) ROCKISLAND, ON LEFT IN CURVE

SUBDIVISION WILLOW BROOK BLOCK / SECTION _____ LOT 34 LOT AREA 456652 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons. STB 1012 Date 3-8-02
Pump Tank: _____ Gallons. PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 60x120 Linear Feet 200'
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type I II III IV V VI
System Description GRAY PANEL
Repair System Description LP PANEL
Maintenance Agreement Required ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

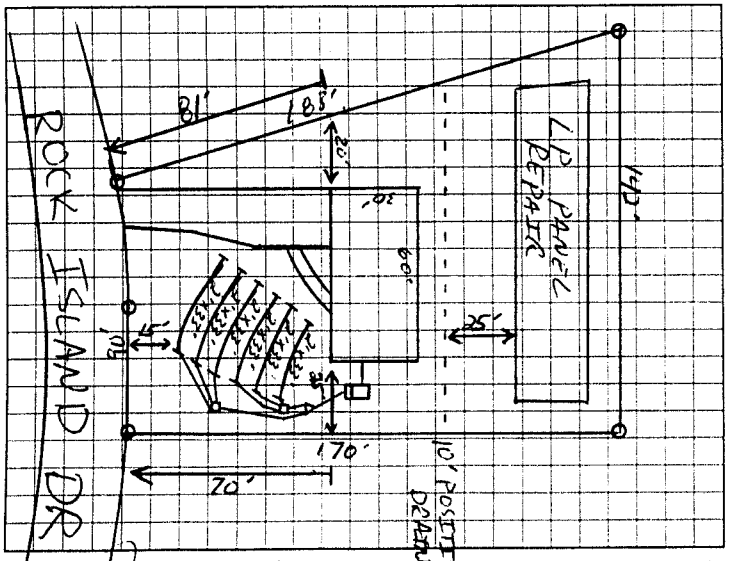
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

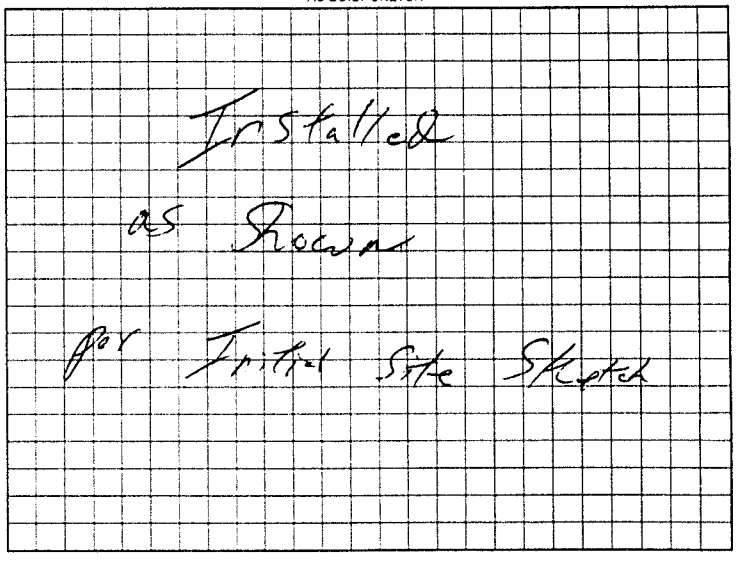
Comments/Conditions: (1) USE FLOW DIVIDER TEE & 2 DISTRIBUTION BOXES WITH SPEED LEVELERS (2) HOUSE WAS SLID BACK 7' FROM ORIGINAL STAKES TO AVOID LOW PRESSURE (3) HOUSE NEEDS TO BE 25' (ON TANK SIDE) OFF SIDE PROPERTY LINE.

Comments/Conditions: 3/11/02 - Okay to Install 35'x67' Home Can HP explored in some location. - S.T. marker Installed - Polylok filter 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 11-20-01 Installed by: ~~_____~~ Dale Fox

Improvement Permit by: _____ KS date 9-27-01 Operation Permit by William O Johnson date 2/23/02

Authorization to Construct by: _____ KS date 9-27-01 Existing System Inspection by: _____ date _____

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