IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86749 PIN# 4736847965 DATE 12-28-99

OWNER OR CONTRACTOR Jack Borders PHONE: Business 881 0025 Home

ADDRESS 188 Knox Farm Rd Statesville, N.C.

LOCATION 115 North TR Chipley Ford TR Clearview TL Rock Island on left

SUBDIVISION Willowbrook BLOCK / SECTION 2 LOT 33 LOT AREA 18700 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .28

Septic Tank: 1000 Gallons: STB 101c Date 11-2-2000
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump To 25% Red
Maintenance Agreement Required: ☐ Yes ☑ No

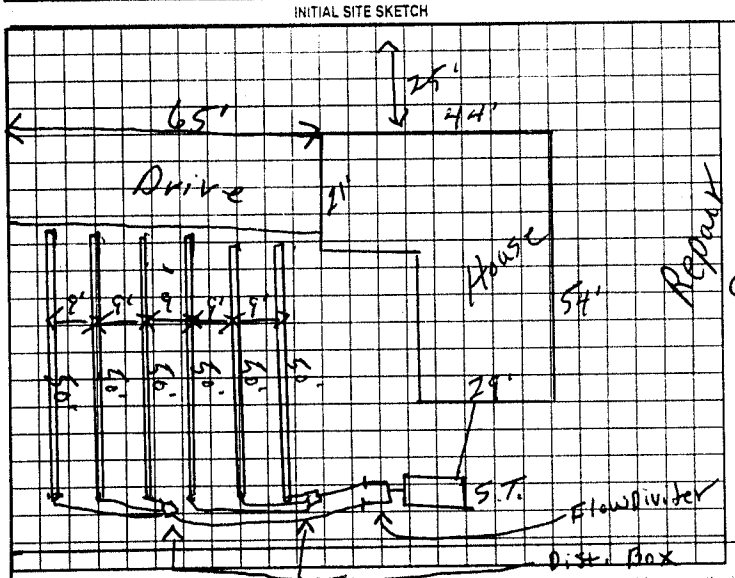
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

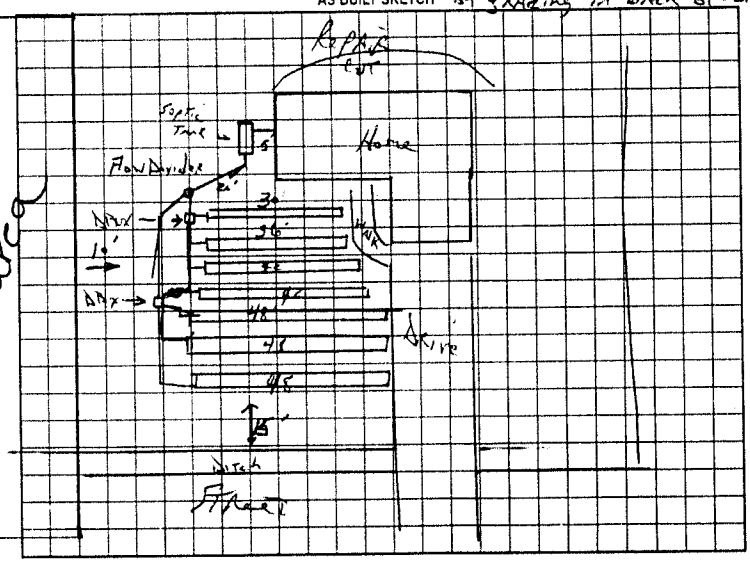
Comments/Conditions:

Comments/Conditions 5, 6, 7, 7, 8, 8, 8
Sewer Lines installed due to location of sidewalk Resetting
Tank back Right Corner patched due to crack caused by
Septic Tank. Repair area may require 55% Reduction because

INITIAL SITE SKETCH



AS BUILT SKETCH of grading in back of home.



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 Grading

Improvement Permit by: P. C. Moore date 12-28-99 Operation Permit by: _____ date May 3 2000

Authorization to Construct by: P. C. Moore date 12-28-99 Existing System Inspection by: _____ date _____

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