IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094611 PIN# 4773859191 DATE 3/2/01

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

ADDRESS 188 Knox Farm Road Statesville NC 28677

LOCATION Hwy 21 N, L on R. Dobbs (R) on Cooper Farm L on Cherrylea (R) on Rock Island Dr. on Left

SUBDIVISION Willowbrook BLOCK / SECTION 2 LOT 24 LOT AREA .43 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons, STB 3-14-01 Date 1007
Pump Tank: ____ Gallons, PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet equivalent to 1,200 Linear Feet 300
No Lines 6 @ 50' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 50% Reduction
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

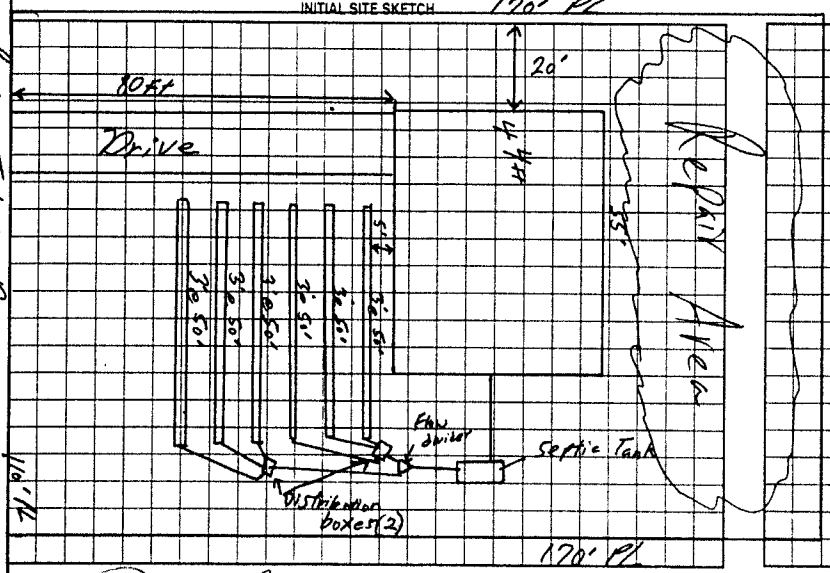
Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: ① Pt not in staff when wet ② Install 25% Reduction System - Chambers or HDPE Sections ③ Use ONE (1) Flow divider tee and Two (2) distribution boxes.

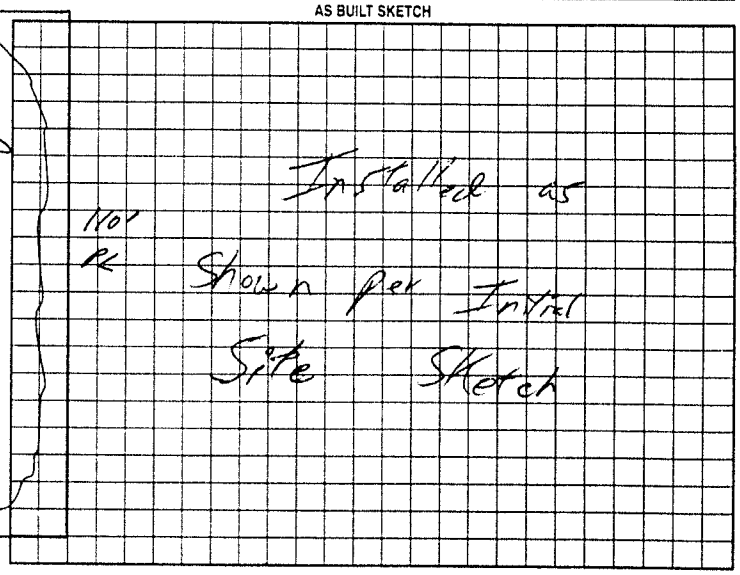
Scale 1" = 30'

Comments/Conditions: - Infiltrator Chambers w/ Sand Installed
- poly Lok Filter Installed
- Septic Tank marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Rock Island Drive

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: William O. Johnson RSI date 3/2/01 Operation Permit by: William O. Johnson date 6/4/01

Authorization to Construct by: William O. Johnson RSI date 3/2/01 Existing System Inspection by: ____ date ____

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