This permit voids previously issued Permit dated 9-8-01.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 102066 PIN# 4736-94-3809 DATE 3/19/02

OWNER OR CONTRACTOR Jacke Borkert PHONE Business Steve Hart (704) 873-2006 Home (704) 881-0025

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

LOCATION Hwy 21 N. (2) Fort Dobbs, (3) Casper Farm (4) Clearview (5) Rock Island Drive at End in Cul-de-Sac

SUBDIVISION Willowbrook BLOCK / SECTION ____ LOT 20 LOT AREA .4467 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 4000 Gallons: STB 1012 Date 2-28-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 94 to 200 Linear Feet 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 24

X New System Repair System Type I II III IV V VI
System Description Gravity, 25% Red. Pump, EP Panel
Repair System Description
Maintenance Agreement Required: Yes X No
Slab X Crawl Space Basement w/plumbing Basement wo/plumbing

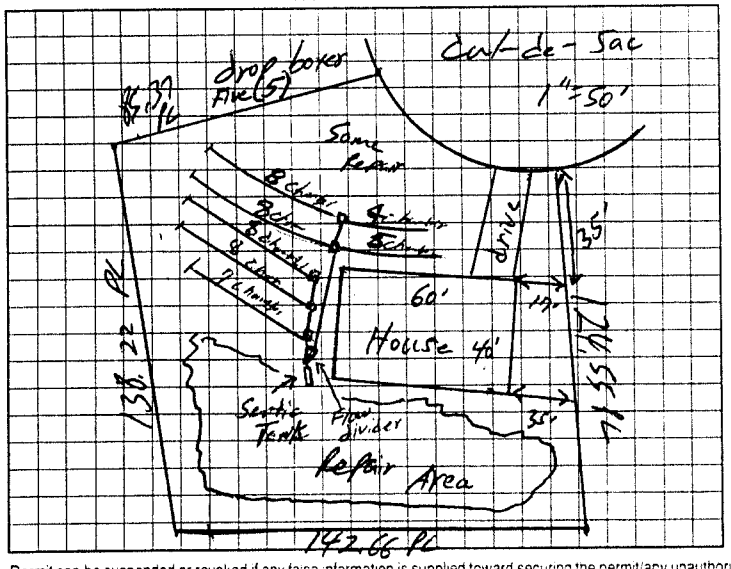
X House/Mod Home No Bedrooms 3
Mobile Home No Bathrooms 2
Business No Employees
Other

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: (1) Footfall Lines on contour (2) maintain proper setbacks (3) 25% Reduction System w/flow divider

Comments/Conditions: SEPTIC TANK WITH MARKERS INSTALLED USING "PolyLok" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 3/19/02 Installed by DALE FOX

Improvement Permit by: William O. Johnson date 3/19/02 Operation Permit by: STEVE HEDRICK date 7-12-02

Authorization to Construct by: William O. Johnson date 3/19/02 Existing System Inspection by: ____ date ____

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