CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100640 PIN# 4736951009 DATE 6/12/01

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

ADDRESS 188 Knox Farm Rd. Statesville NC 28677

LOCATION Hwy 21 N. @ Fort Dobbs, @ Cooper Farm @ Clearview @ Rock Island, House on Left

SUBDIVISION Cullybrook BLOCK / SECTION — LOT 23 LOT AREA .43 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 8-7-01

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No —

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36

X New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, Conventional

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 —

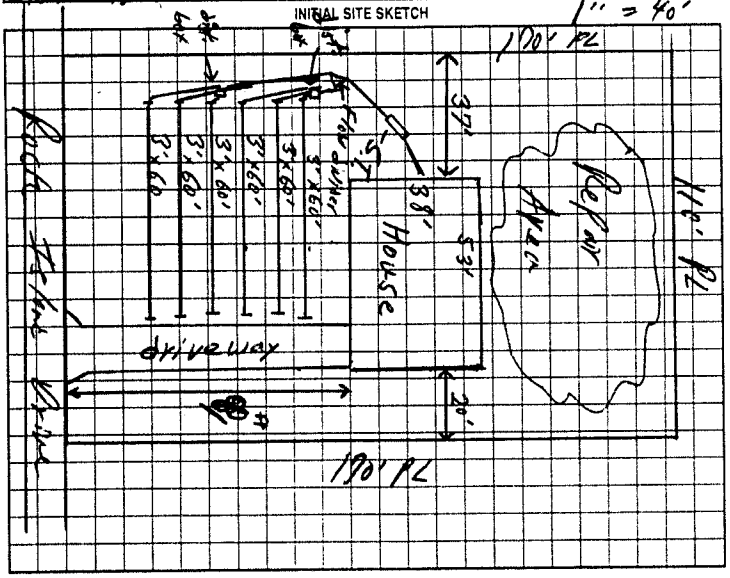
Gravel Depth — ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① Do not install when wet ② Keep 10 ft from paper liner ③ Use 25% reduction system ④ Use one (1) flow divider + two (2) distribution boxes

Comments/Conditions: POLYLOK FILTER & SPECIALTY VALVES SET IN DISTRIBUTION BOXES INSTALLED AS SHOWN

INITIAL SITE SKETCH 1" = 40'



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 —

Improvement Permit by: William F. Johnson RSI date 6/12/01

Authorization to Construct by: William F. Johnson RSI date 6/12/01

Installed by: DALE FOX

Operation Permit by: [signature] RS date 9-13-01

Existing System Inspection by: — date —

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