IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90071 PIN# 4736847965 DATE 6-24-00

OWNER OR CONTRACTOR Jack Borders PHONE: Business Home 881 0025

ADDRESS 188 Knox Farm Rd Statesville N.C.

LOCATION 115 N TR Shipley Ford TR Clearview TL Rock Island at end left

SUBDIVISION Willow Brook BLOCK / SECTION 2 LOT 22 LOT AREA 18598 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.25

Septic Tank: 1000 Gallons; STB 1012 Date 10-9-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 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: " 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

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

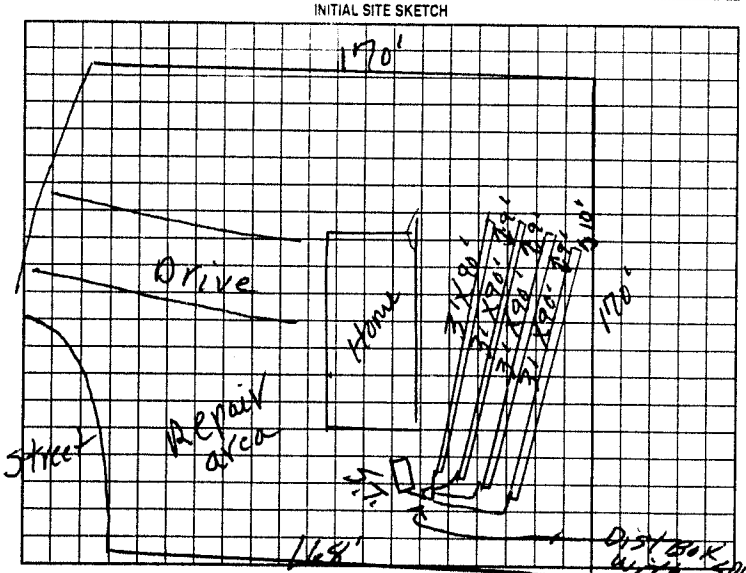
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

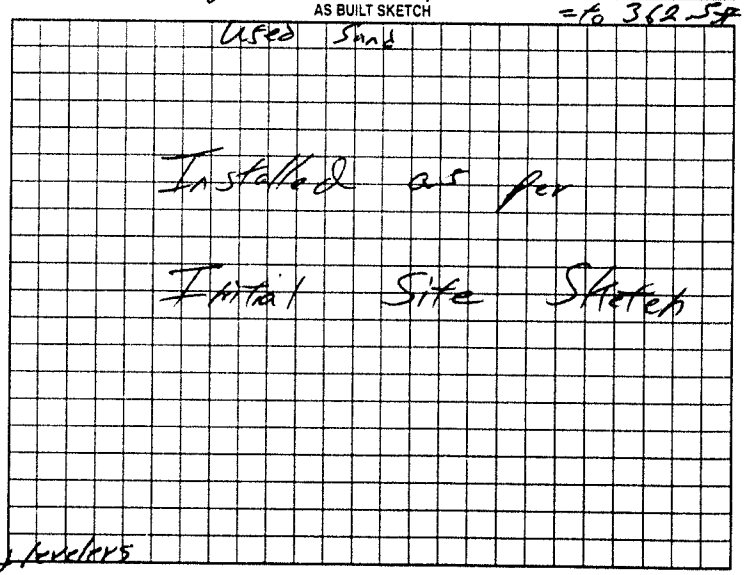
Comments/Conditions:

Comments/Conditions:
- Poly Lok Filter Installed
- Septic Tank Risers Installed
- Installed 5# Infiltrator [redacted] Chambers

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: [signature] date ____ Installed by: Dale Fox Grading

Improvement Permit by: R.C. Moore date 6-24-00 Operation Permit by: William O. Johnson REI date 9/11/01

Authorization to Construct by: R.C. Moore date 6-24-00 Existing System Inspection by: ____ date ____

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