IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 900070 PIN# 4736 84 9165 DATE 6-24-00

OWNER OR CONTRACTOR Jack Borders PHONE: Business _____ Home 981 0025

ADDRESS 188 Knox Fm Rd Statesville

LOCATION 115N TR Chipley Ford TR Clearview TL Rock Island at ent

SUBDIVISION Willowbrook BLOCK / SECTION 2 LOT 21 LOT AREA 34603ss SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10 12 Date 6/26/2000 ☑ New System ☐ Repair System Type: I (II) III IV V VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conv. Gravity

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: " "

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

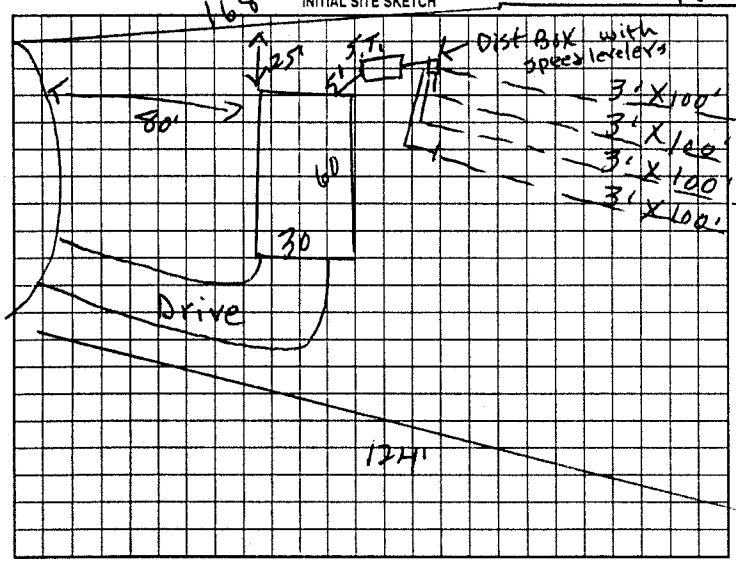
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

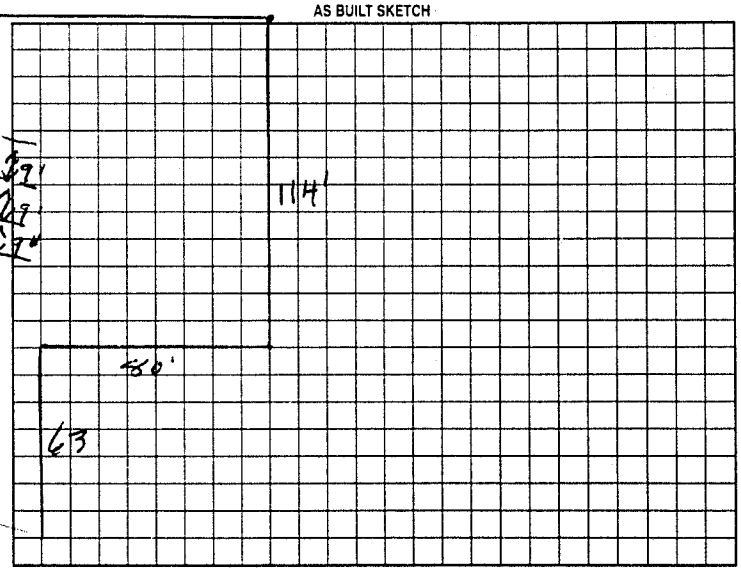
Comments/Conditions:

Comments/Conditions:

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: _____ date _____ Installed by: Dale Fox

Improvement Permit by: R.C. Moore date 6-24-00 Operation Permit by: _____ RSI date 10/12/00

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