IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101439 PIN# ~~4737135364.02~~ 4737-23-6548 DATE 8/10/01

OWNER OR CONTRACTOR CRANDLE + O'BRIEN CONSTRUCTION PHONE: Business 871-1536 Home

ADDRESS 310 TREEBARK RD STATESVILLE NC 28625

LOCATION CHIPLEY FORD (N) - TL PAST RED CHIMNEY ONTO CHIMNEY RIDGE - 2nd LOT ON RT

SUBDIVISION CHIMNEY RIDGE BLOCK / SECTION ____ LOT 2 LOT AREA .522AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .25 gpd/SFA

Septic Tank: 1000 Gallons; STB 1007 Date 3-26-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 6@60' 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: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

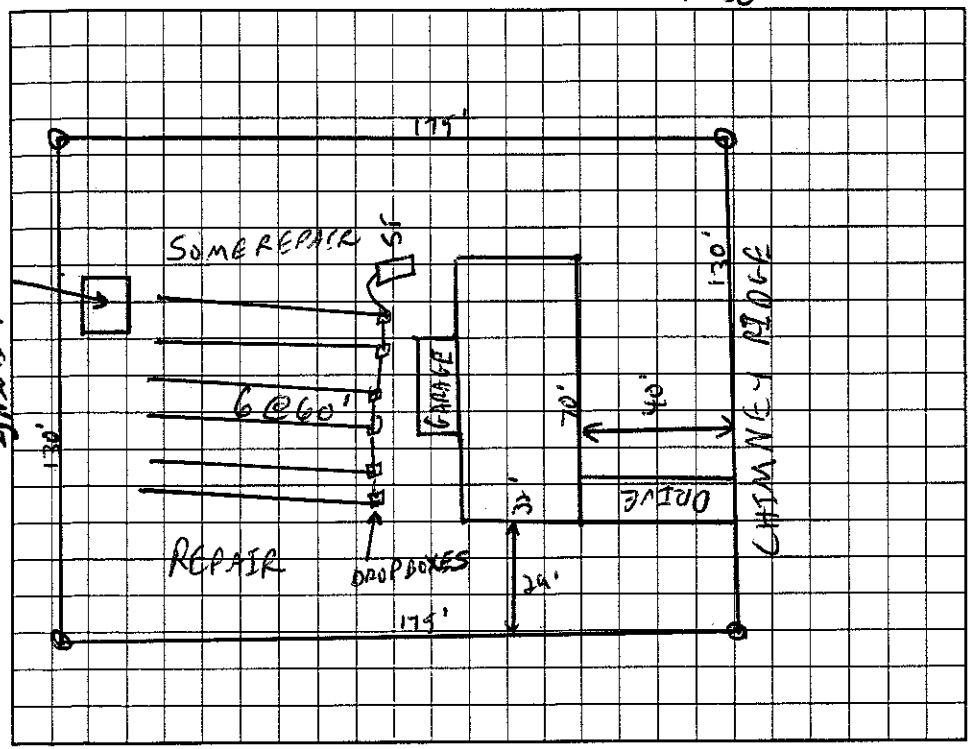
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

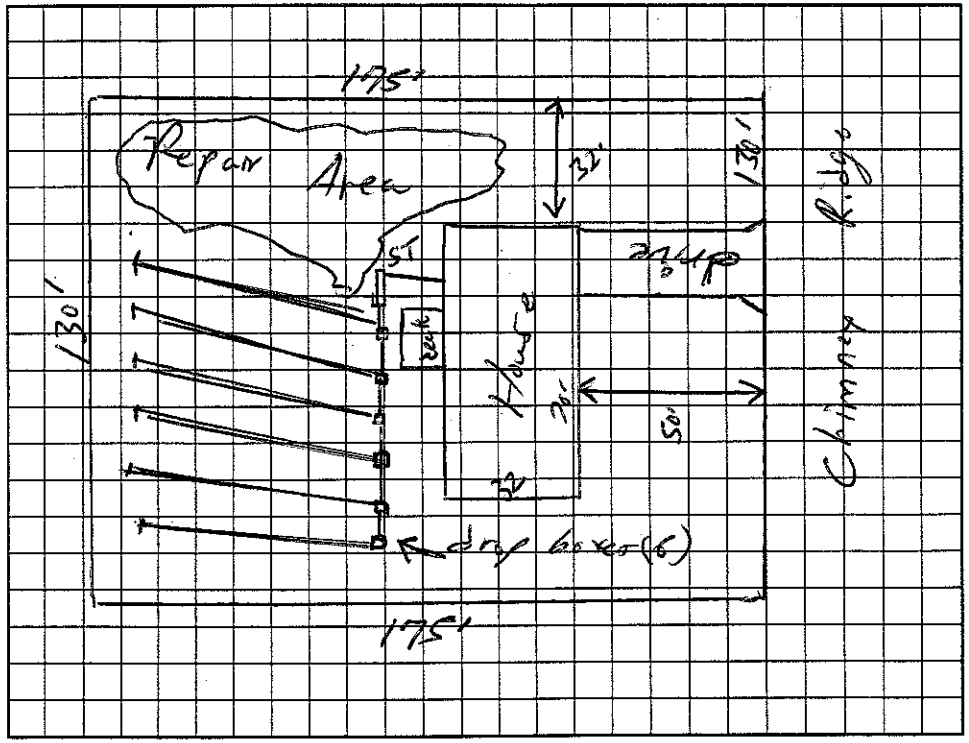
Comments:/Conditions:

Comments:/Conditions: - ST Marker Installed
- Pol Lok Filter Installed
- 60 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1"=50'



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 ____

Improvement Permit by: C. Bob Teem RS date 8/10/01

Authorization to Construct by: William O. Johnson date 7/8/02

Installed by: Scott Greene

Operation Permit by: William O. Johnson date 5/14/03

Existing System Inspection by: ____ date ____

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