IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086900 PIN# 4739 00 3365 (PT) DATE 12-28-99

OWNER OR CONTRACTOR CRAVEN & OTHERS PHONE: Business Home

ADDRESS 374 LONG ISLAND RD. STATESVILLE, NC 28677

LOCATION NC 115 N, TR BRANCHWOOD, TL RIVERFIELD, TR GRASSY MEADOW, 1ST LOT ON LEFT

SUBDIVISION RIDGECREST BLOCK / SECTION III LOT 47 LOT AREA 1.1275 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 11-15-99

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, STANDARD

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

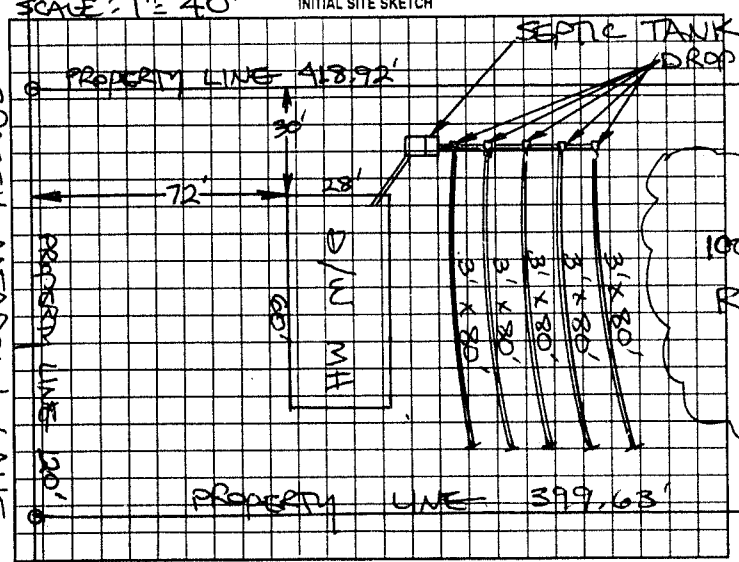
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

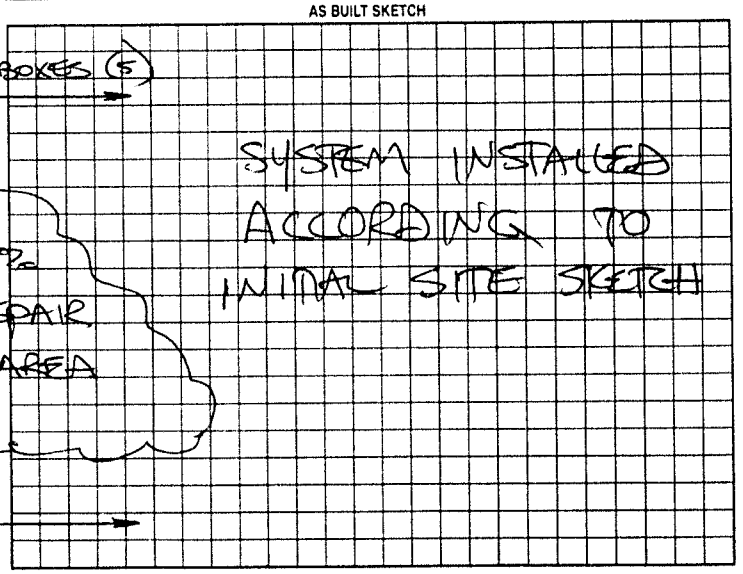
Comments /Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

SCALE: 1" = 40'

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 29 Dec 99 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 12-28-99 Operation Permit by: STEVE HEDRICK date 3-24-00

Authorization to Construct by: STEVE HEDRICK date 12-28-99 Existing System Inspection by: _____ date _____

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