THIS PERMIT VOIDS PREVIOUS ISSUED 12-6-99

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086543 PIN# 4738 00 3365 (PT) DATE 2-13-01

OWNER OR CONTRACTOR CRAVEN, KEARNS, ET AL PHONE: Business 872-6645 Home

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE NC 28677

LOCATION NC 115 N TR BRANCHWOOD, TL RIVERFIELD, TR GRASSY MEADOW, LOT HALFWAY ON (R)

SUBDIVISION RIDGECREST BLOCK / SECTION III LOT 73 LOT AREA 0.7163 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 1-8-01
Pump Tank: 1000 Gallons; PT 17 Date 9-12-00
Pump Make: HYDROMATIC Model SIHF50A1 Serial No.
Nitrification Field: No Fields 1 Square Feet 60 TO 1600 Linear Feet 400+
No Lines FIVE 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: 25% REDUCTION, PUMP
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees

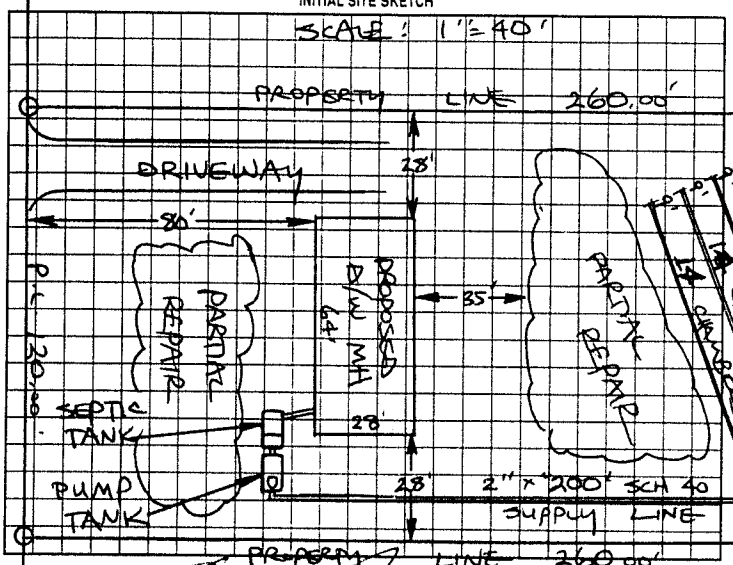
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

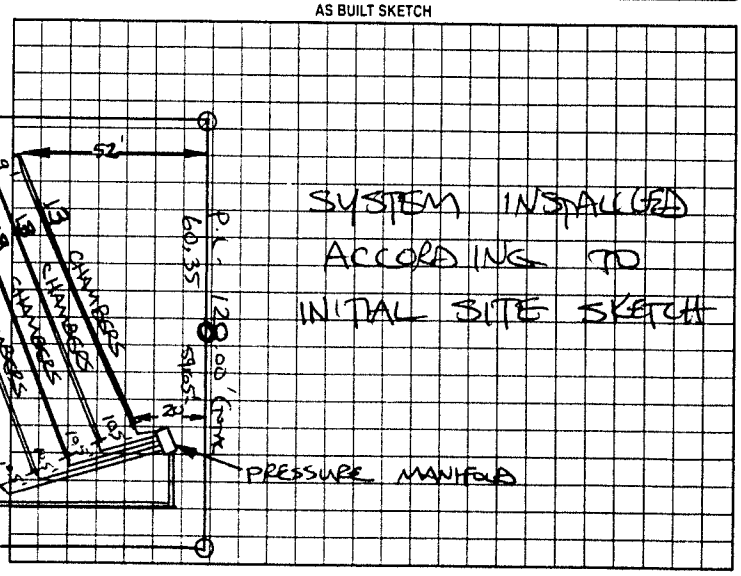
Comments/Conditions: (1) INSTALL 25% REDUCTION SYSTEM USING SIXTY-SEVEN (67) CHAMBERS OR FORTY (40) HDS SECTIONS (2) SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: (1) SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER (2) SYSTEM PRESSURE CHECKED 3-26-01

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: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 2-13-01 Operation Permit by: STEVE HEDRICK date 4-5-01

Authorization to Construct by: STEVE HEDRICK date 2-13-01 Existing System Inspection by: _____ date _____

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