IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 106257 PIN# 4738-00-8568 DATE 5-21-02

OWNER OR CONTRACTOR CRAVEN & ASSOC. PHONE: Business 704-881-7273 Home 704-872-6645

ADDRESS 135 GRASSY MEADOW LANE, STATESVILLE, NC 28625

LOCATION NC 115 N TR BRANCHWOOD RD, TL FOREST GROVE DR TL GRASSY MEADOW LN, 2ND ON LEFT PAST BEAUCHWOOD

SUBDIVISION RIDGECREST BLOCK / SECTION III LOT 76 LOT AREA 0.7438 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-2-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 480 no 1600 Linear Feet 270
No Lines EIGHT Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

~~☐ House/Med. Home~~ No. Bedrooms 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

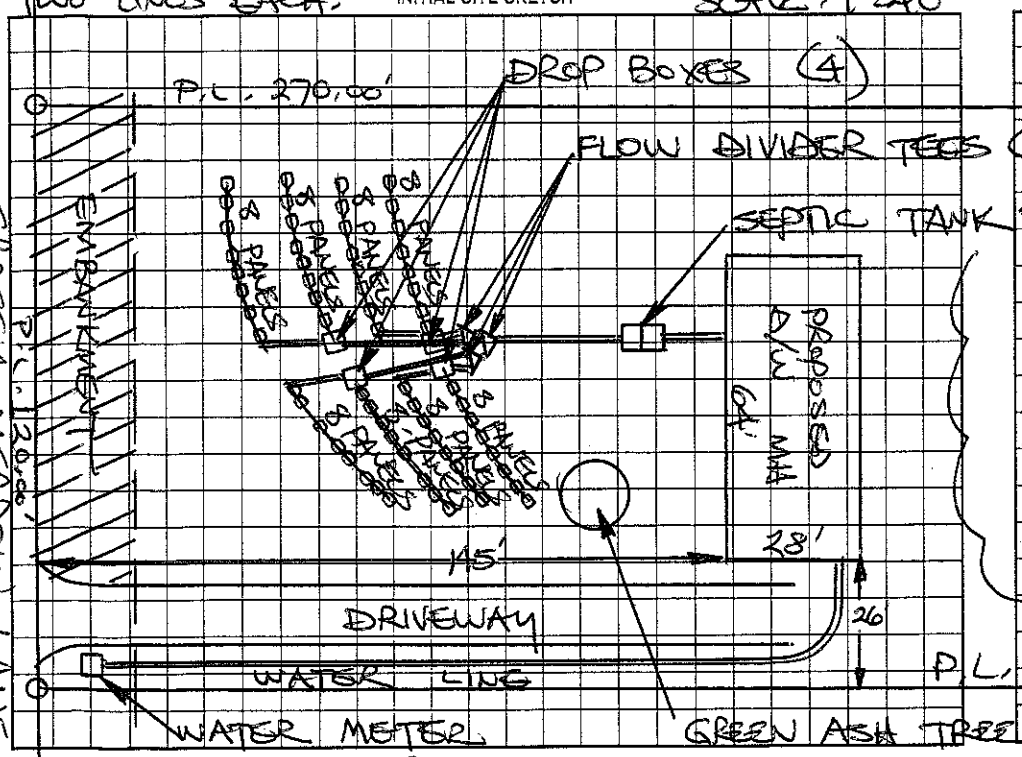
~~Gravel~~ Depth SAND 6" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

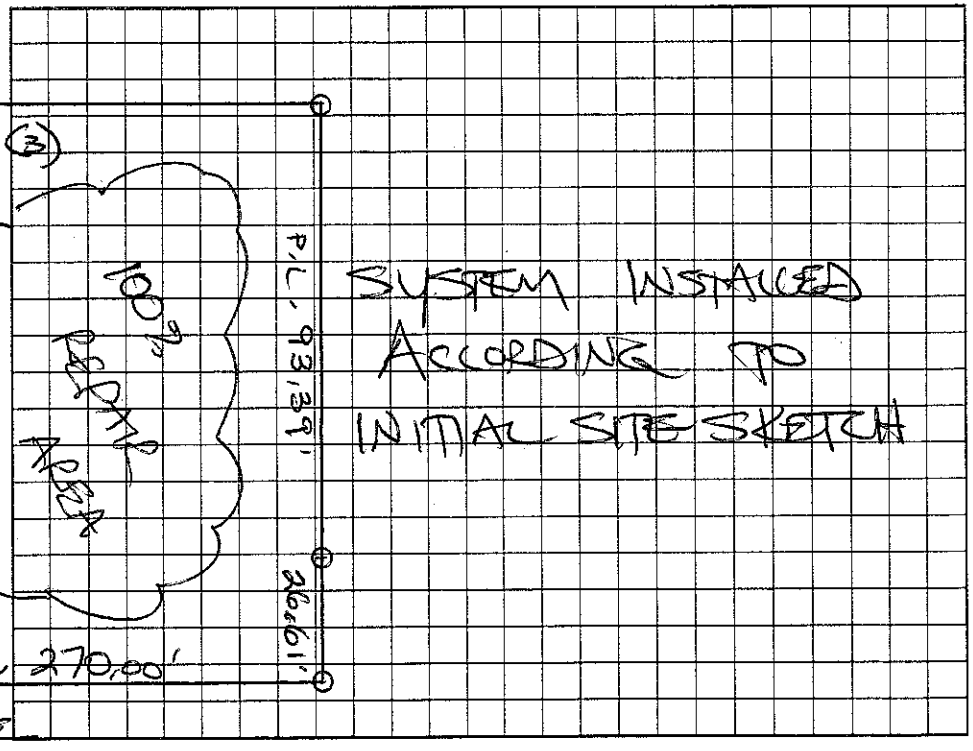
Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 64 PPBPS PANELS IN EIGHT EQUAL LENGTH LINES ② USE TEES, FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR DROP BOXES FEEDING TWO LINES EACH.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 40'



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 5-22-02 Installed by: TOMMY COTHREN

Improvement Permit by: STEVE HEDRICK date 5-21-02 Operation Permit by: STEVE HEDRICK date 8-21-03

Authorization to Construct by: STEVE HEDRICK date 5-21-02 Existing System Inspection by: ____ date ____

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