IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080609 PIN# 4738 11 0185 DATE 4-26-99

OWNER OR CONTRACTOR CRAVEN & OTHERS PHONE: Business 872-6645 Home

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR BRANCHWOOD, TL FORREST GROVE, TL GRASSY MEADOW, 2ND LOT ON RIGHT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 40 LOT AREA 0.700 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 9-4-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+
No Lines THREE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: PBPS, PUMP/GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

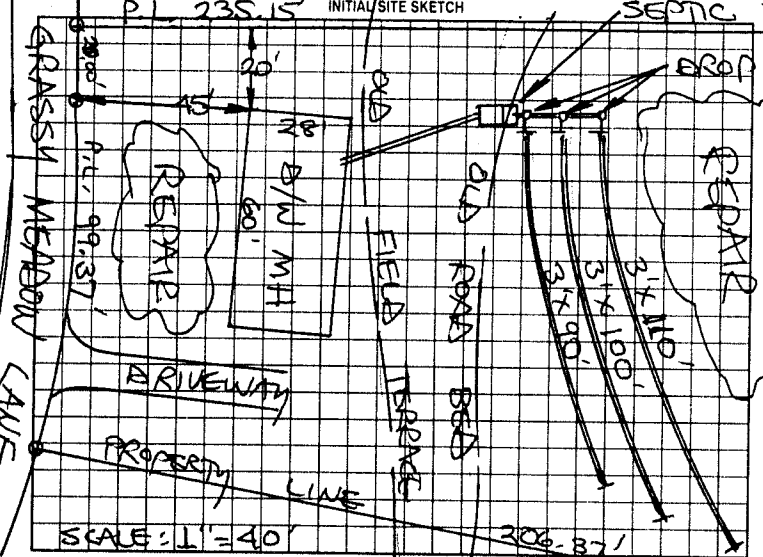
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

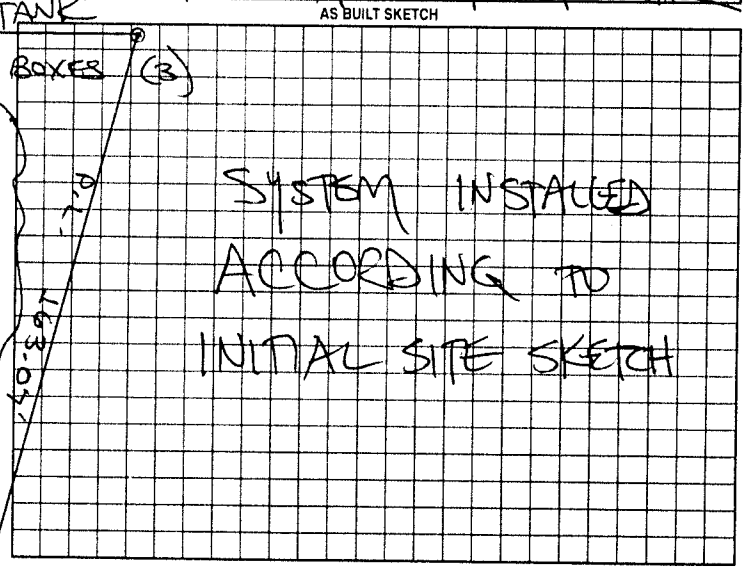
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS WITH CONTOUR PANELS OR THIRTY (30) H.D.S. SECTIONS ON CONTOUR

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "BIO LOK" FILTER (2) LINES INSTALLED USING 30 HDS SECTIONS (3) SYSTEM INSTALLED FOLLOWING PERIOD OF WET WEATHER

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 ____

Improvement Permit by: STEVE HEDRICK date 4-26-99

Authorization to Construct by: STEVE HEDRICK date 4-26-99

Installed by: A-1 BACK HOE

Operation Permit by: STEVE HEDRICK date 12-6-99

Existing System Inspection by: ____ date ____

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