IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087505 PIN# 4738 48 6124 DATE 2-4-00

OWNER OR CONTRACTOR EDWARD LINDENBERGER PHONE: Business 902-4030 Home 924-7353

ADDRESS 190 TWIN LAKES DRIVE, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR S. CHIPLEY FORD, TL RIVER RUN, 2ND LOT ON RIGHT BEFORE RIVERBANK RD.

SUBDIVISION RIVER RUN BLOCK / SECTION II LOT 2 LOT AREA 0.530 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-11-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FOUR 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 GRAVITY
Repair System Description: CONV. PUMP/GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

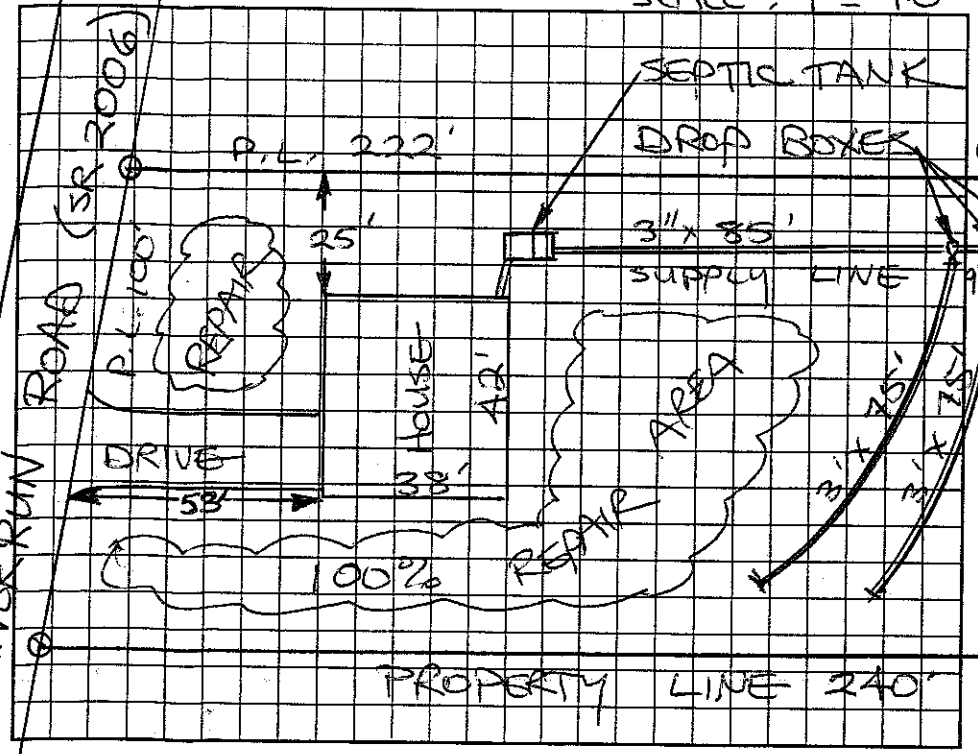
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

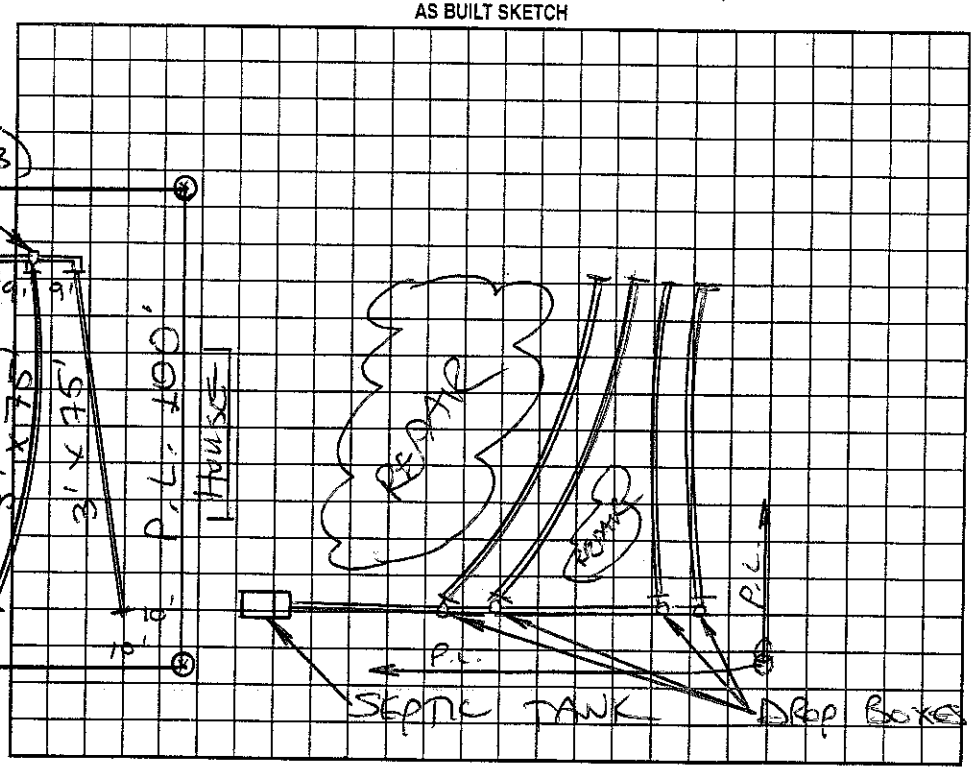
Comments:/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED

Comments:/Conditions: SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL
SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" 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: Edward Lindenberger date 2-4-00 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 2-4-00 Operation Permit by: STEVE HEDRICK date 1-12-05

Authorization to Construct by: STEVE HEDRICK date 2-4-00 Existing System Inspection by: _____ date _____

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