IREDELL COUNTY HEALTH DEPARTMENT

(I)

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

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

(1)

PERMIT# 140457 PIN# 4738-56-0135 0377 DATE 2-16-07

OWNER OR APPLICANT ELIZABETH BRUCE PHONE: Business _____ Home 704-873-1260

ADDRESS 130 EIGHT POINT DR, STATESVILLE NC 28625

LOCATION S. CHIPLEY FORD ROAD, TL RIVER RUN ROAD, 0.3 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 11-19-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines TREB Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

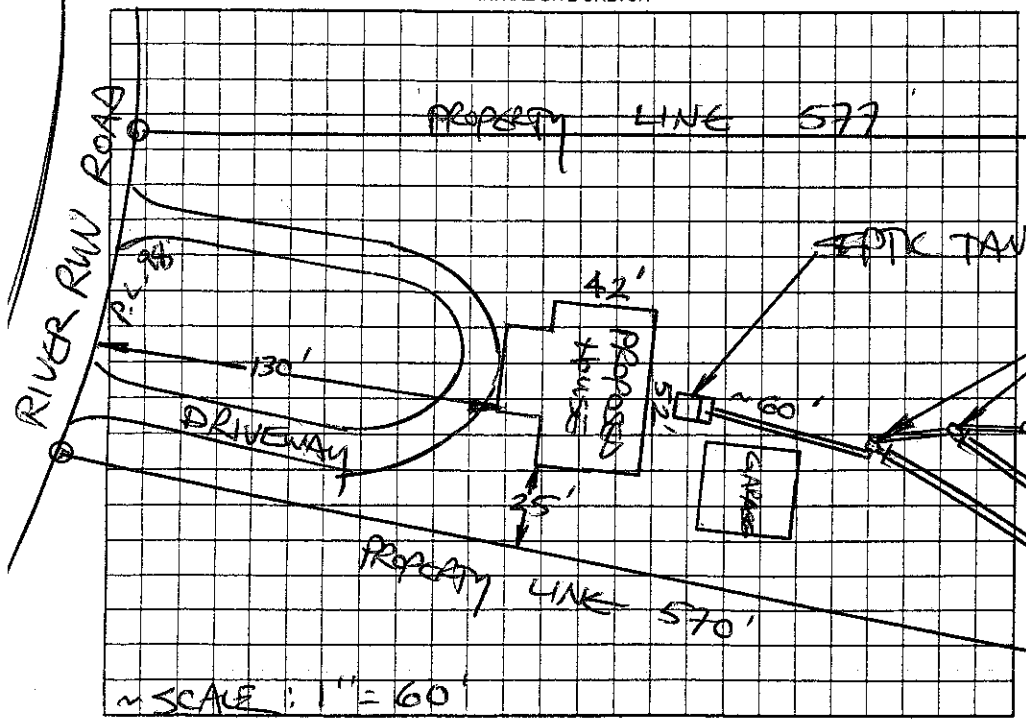
Water Supply: ☐ Individual ☑ Public ☐ Community

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

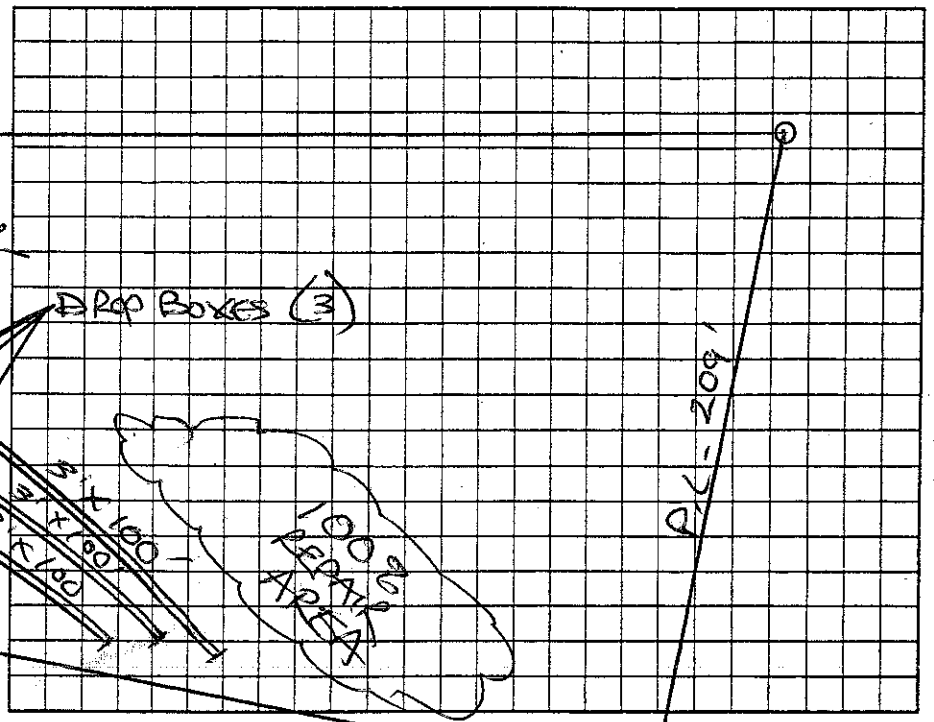
Comments/Conditions: (1) CONTACT HEALTH DEPT. AFTER CLEARING TO FLAG-OUT SYSTEM PRIOR TO INSTALLATION. (2) INSTALL 25% REDUCTION SYSTEM ON CONTOUR, NO DEEPER THAN 24 INCHES.

Comments/Conditions: Red filter

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 2-16-07 Installed by: Aqua Drill

Improvement Permit by: STEVE HEDRICK date 2-16-07 Operation Permit by: _____ date 5-1-07

Authorization to Construct by: STEVE HEDRICK date 2-16-07 Existing System Inspection by: _____ date _____

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