IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080764 PIN# 4738 59 0196 DATE 5-14-99

OWNER OR CONTRACTOR HOPE BROTHERS PHONE: Business 872-4111 Home

ADDRESS 1120 BARKLEY ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR S, CHIPLEY FORD, TL RIVER RUN, TR S, YADKIN RIVER RD, 5TH LOT ON LEFT

SUBDIVISION RIVER RUN BLOCK / SECTION II LOT 47 LOT AREA 0.459 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-29-99
Pump Tank: 1000 Gallons; PT [illegible] Date 2-6-00
Pump Make: GOULDS Model WE0511H Serial No. H0155348
Nitrification Field: No Fields 1 Square Feet 60 x 20 Linear Feet 300+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30"

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

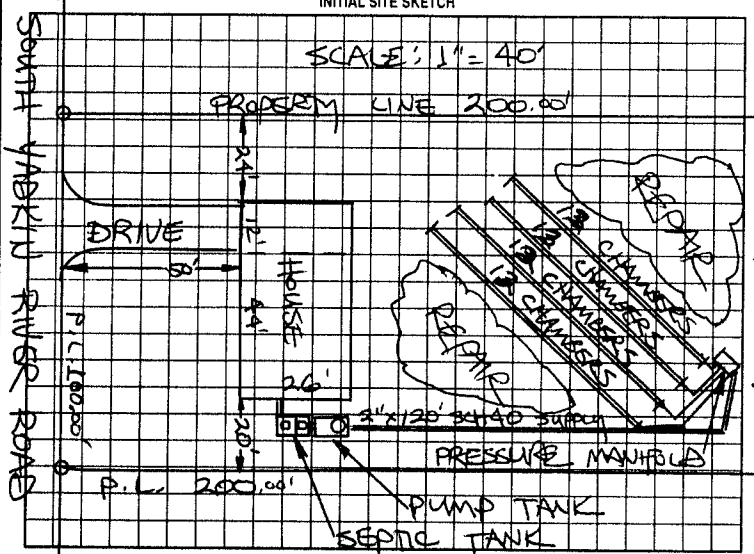
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

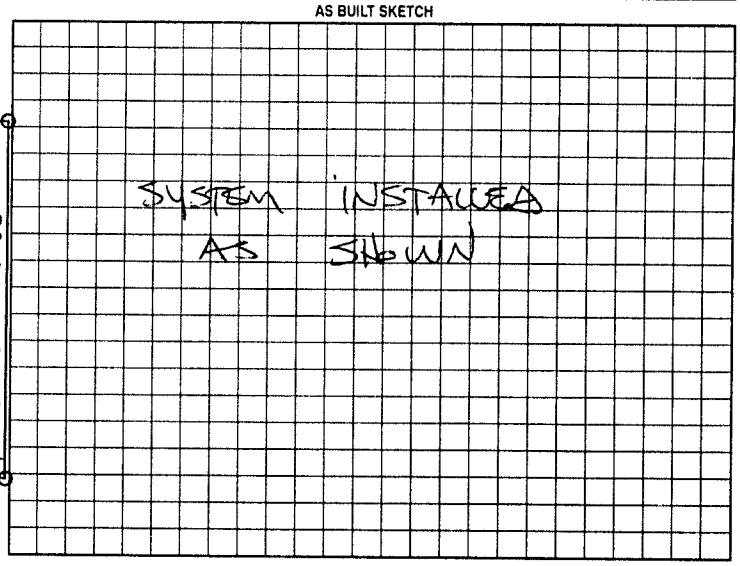
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS
② SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS

Comments/Conditions: TANKS AND DRAINLINES INSPECTED O.K. 7-19-00 RSH

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: [signature] date 5-18-99

Improvement Permit by: STEVE HEDRICK date 5-14-99

Authorization to Construct by: STEVE HEDRICK date 5-14-99

Installed by: ARNIE DUNCAN

Operation Permit by: STEVE HEDRICK date 10-16-01

Existing System Inspection by: _____ date _____

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