IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080763 PIN# 4739 59 1189 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 RD, TL RIVER RUN, TR S, YADKIN RIVER RD, 6TH LOT ON LEFT

SUBDIVISION RIVER RUN BLOCK / SECTION II LOT 46 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 4-7-00
Pump Tank: 1000 Gallons; PT 17 Date 2-18-00
Pump Make: GOULDS Model WS07J2BF Serial No. B00362249
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP TO 25% REDUCTION
Repair System Description: PUMP TO 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

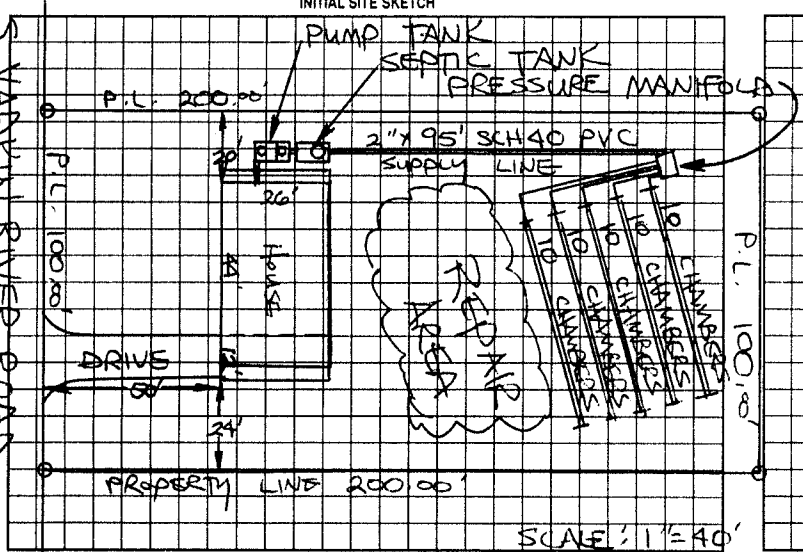
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions ③ LINES & TANKS INSPECTED 7-21-00 RSH

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 5-18-99 Installed by: ARNIE DUNCAN

Improvement Permit by: STEVE HEDRICK date 5-14-99 Operation Permit by: STEVE HEDRICK date 12-4-00

Authorization to Construct by: STEVE HEDRICK date 5-14-99 Existing System Inspection by: _____ date _____

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