IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 102960 PIN# 4738-59-3070 DATE 10-31-01

OWNER OR CONTRACTOR KEVIN HOPE PHONE: Business (704) 902-4982 Home

ADDRESS 117 BROOKHAVEN RD, STATESVILLE NC 28677

LOCATION NC 115 N, TR S. CHIPLEY FORD RD, TL RIVER RUN RD, TR S. YADKIN RIVER RD, LOT #38 ON RIGHT

SUBDIVISION RIVER RUN BLOCK / SECTION II LOT 38 LOT AREA 0.54 ACRE SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-12-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1030 Linear Feet 260
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

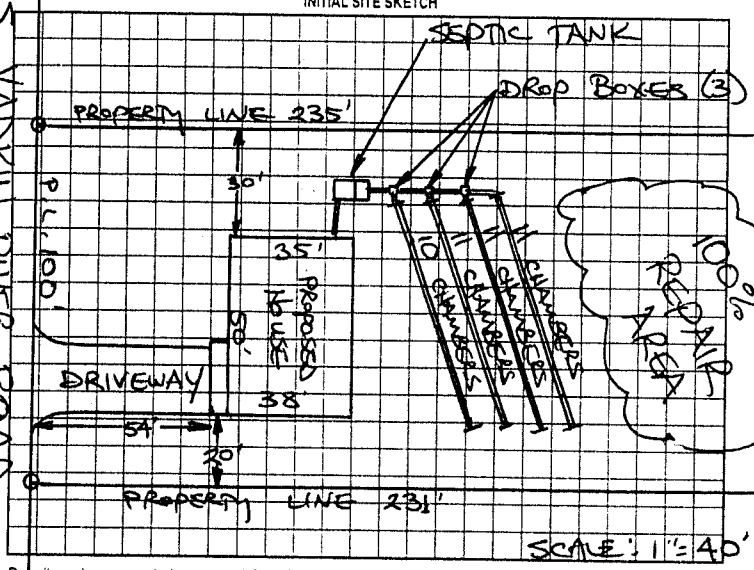
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

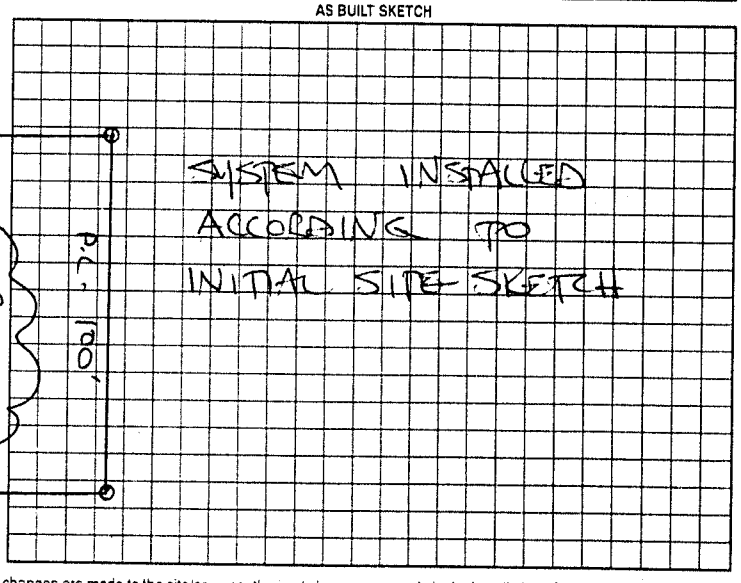
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING 43 CHAMBERS AT REQUEST AS SHOWN

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" 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: X Kevin G. Hope date 10-31-01 Installed by: STEVE JORDAN - PIEDMONT

Improvement Permit by: STEVE HEDRICK date 10.31.01 Operation Permit by: STEVE HEDRICK date 2-14-02

Authorization to Construct by: STEVE HEDRICK date 10-31-01 Existing System Inspection by: ____ date ____

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