90592(A) 90593(B)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 500 Troutman PIN# 4742 33 3360 DATE 6-22-00

OWNER OR CONTRACTOR Shelton B. Murdock PHONE: Business _____ Home 528 6969

ADDRESS 368 old mtn Rd Statesville N.C.

LOCATION I-77 S TR Amity Hill TL murdock TR John carl Dr at end

SUBDIVISION Amanda Leigh Est BLOCK / SECTION _____ LOT 9 LOT AREA .946 acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .[redacted]

Septic Tank: 1500 Gallons; STB 1011 Date 7-29-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1680 Linear Feet 560
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Conv. Gravity
Repair System Description: Pump to 2520 Rehab
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

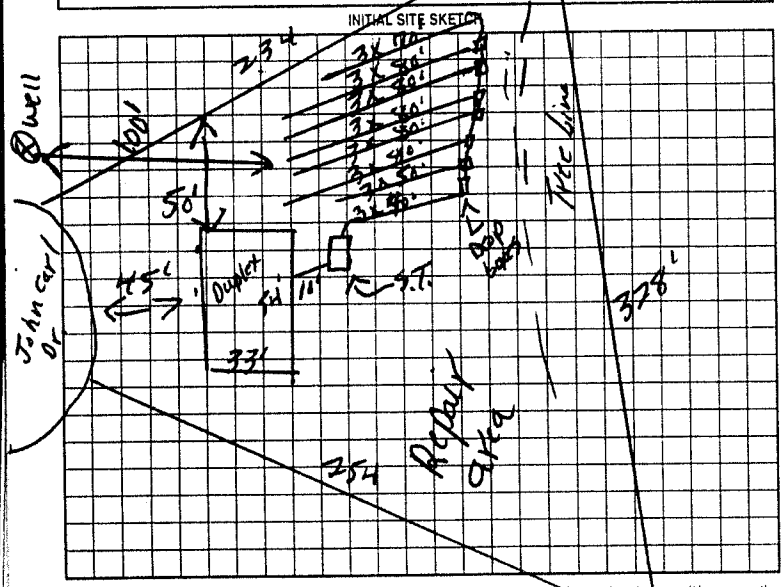
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☑ Other 4BR Duplex

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

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: Shelton Murdock 6-26-00 date _____ Installed by: STEVE JORDAN

Improvement Permit by: R.C. Moore date 6-22-00 Operation Permit by: STEVE HERRICK date 10-5-00

Authorization to Construct by: R.C. Moore date 6-22-00 Existing System Inspection by: _____ date _____

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