93080 + 93082

pd. @ 125.00 (01-P)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 03-2-1000 PIN# 4742333360 DATE 10/30/00

OWNER OR CONTRACTOR Brent Murdock PHONE: Business 5286969 Home

ADDRESS 368 Old Mtn. Rd. Statesville NC 28677

LOCATION Amity Hill, L Murdock, R John Carl, on Rt

SUBDIVISION Amanda Leigh STOCK / SECTION LOT 6 LOT AREA 0.812 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1500 Gallons; STB 1011 Date 10/21/00
Pump Tank: 1500 Gallons; PT 99 Date 10/1/00
Pump Make: GOULDS Model WE05S11H Serial No. C012748
Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540
No Lines 6@90 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Press. Man. Conv.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

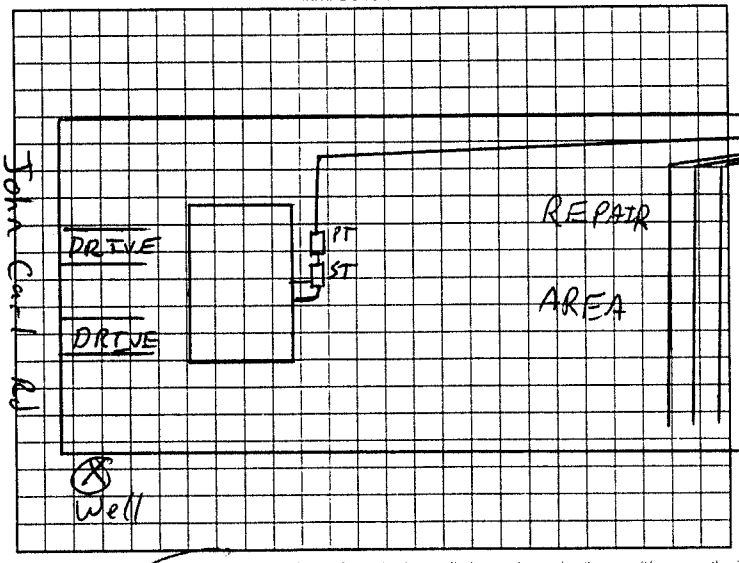
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other Duplex
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community
Shared Well

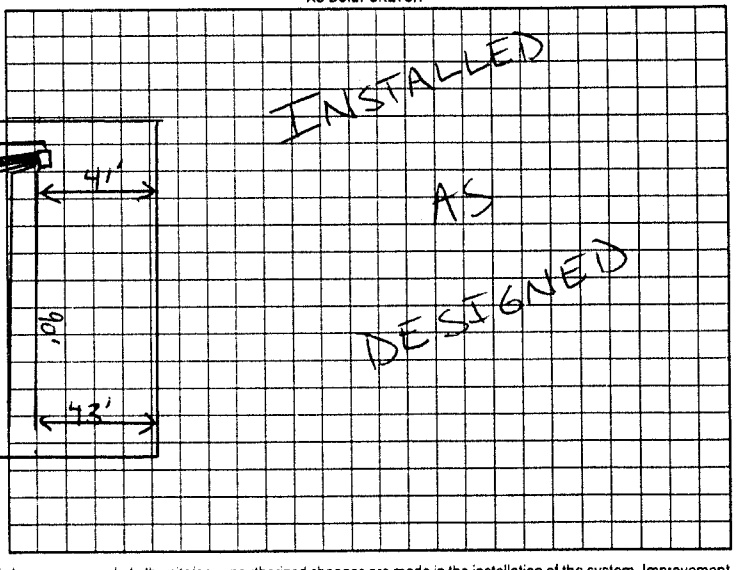
Comments/Conditions:

Comments/Conditions: 3/28/01 - CHECKED LINES AND SET HEAD
*STILL NEEDS ELECTRICAL
6-8-01 - EVERYTHING CHECKED OK

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 10/30/00 Installed by: STEVE JORDAN

Improvement Permit by: [signature] RSI date 10/30/00 Operation Permit by: [signature] RSI date 6-8-01

Authorization to Construct by: [signature] RSI date 10/30/00 Existing System Inspection by: date

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