IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81443 PIN# 4751482920 DATE 6-2-99

OWNER OR CONTRACTOR Sunwood Builders PHONE: Business 872 0922 Home

ADDRESS PO Box 5877 Statesville, N.C.

LOCATION Amity Hill TR pitch TR Ercts on Rt

SUBDIVISION Crater Valley BLOCK / SECTION LOT 10 LOT AREA .5 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-28-99
Pump Tank: 1000 Gallons; PT 17 Date 5-1-99
Pump Make: Gould Model WE05S1HH Serial No. J993180L6
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 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: Pump To 25% Red.
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

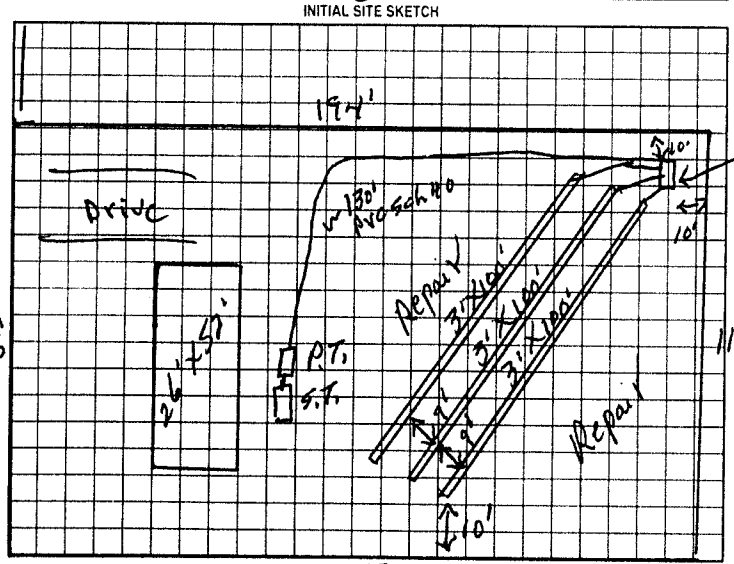
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply:
☐ Individual
☐ Public
☐ Community

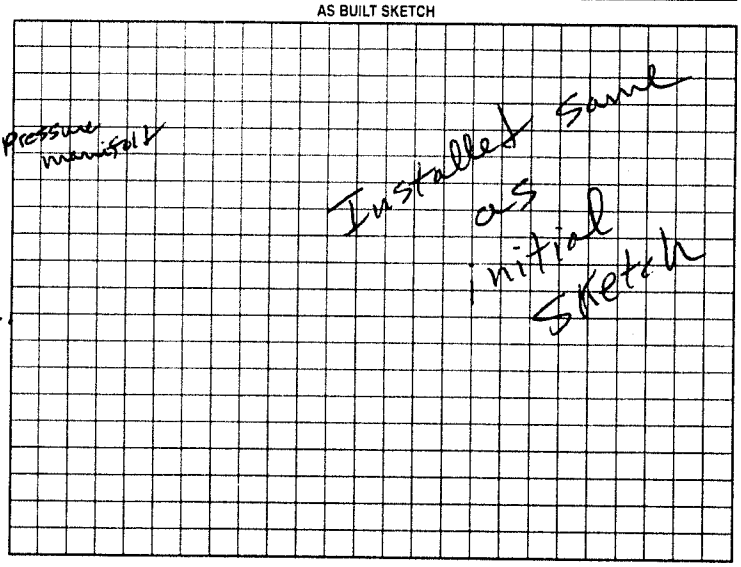
Comments/Conditions: See Attached Sheet 5 for Pump Tank Pressure manifold & clean out They are part of this Permit.

Comments/Conditions: Inspected Drain Lines 9-24-99 + ST + PT JCM
PUMP CYCLED 10-21-99 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 6/7/99 Installed by: Tommy Frye

Improvement Permit by: R.C. Moore date 6-2-99 Operation Permit by: R. C. Moore date 11-19-99

Authorization to Construct by: R.C. Moore date 6-2-99 Existing System Inspection by: date

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