# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8144A PIN# 4751483826 DATE 6-2-99

OWNER OR CONTRACTOR Sunwest Builders PHONE: Business 704 8720922 Home

ADDRESS Po Box 5877 Statesville, N.C.

LOCATION Amity Hill TR Pilch TR Freda on Rt.

SUBDIVISION Crater Valley BLOCK / SECTION LOT 11 LOT AREA .5 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-28-00
Pump Tank: 1000 Gallons: PT 17 Date 8-29-00
Pump Make: Gould's Model WE03111M Serial No. 9003A326
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 Dist. Box
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☑ No

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

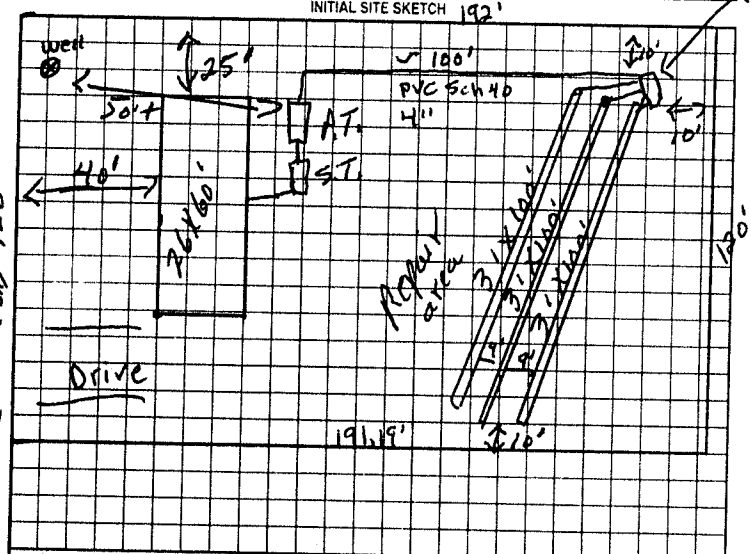
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: See Attached Sheets for Pump Tank Pressure manifold + clean out They are Part of This Permit.

Comments/Conditions: TANKS & LINES INSPECTED 10-20-00

INITIAL SITE SKETCH




Pressure manifold

(Freda Up) 120'

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: Terry W Yarbro date 6/7/99

Improvement Permit by: J. C. Moore date 6-2-99

Authorization to Construct by: J. C. Moore date 6-7-99

Installed by: Fryar

Operation Permit by: Mary Ann Wood date 11-14-00

Existing System Inspection by: date

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