IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8144H PIN# 4755148382b DATE 6-2-99

OWNER OR CONTRACTOR Sunwest Builders PHONE: Business 704 872 0922 Home

ADDRESS Po Box 5877 Statesville, N.C.

LOCATION Amity Hill TR Pitch TR Freda on rt.

SUBDIVISION Crater Valley BLOCK / SECTION LOT 11 LOT AREA 1.5 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-24-00 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 Gallons; PT 17 Date 4-29-00 System Description: Pump to Dist. Box

Pump Make: Goulds Model WE3311M Serial No. 9003426 Repair System Description:

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

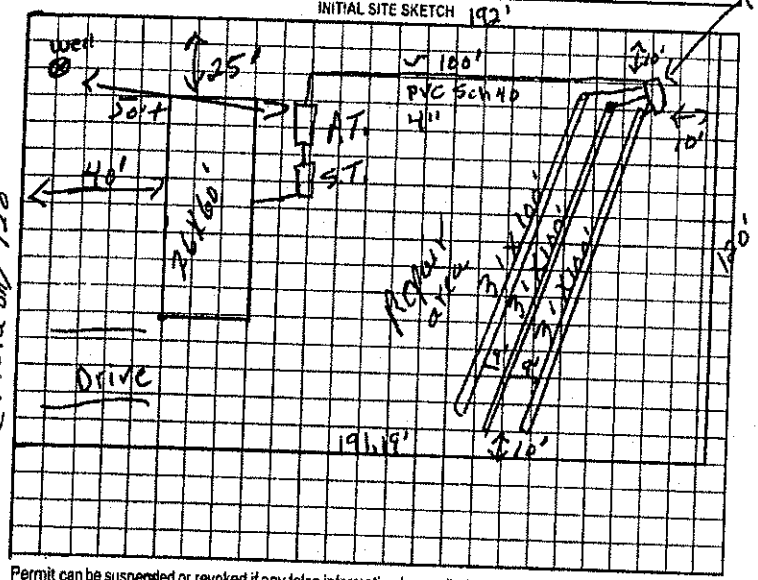
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

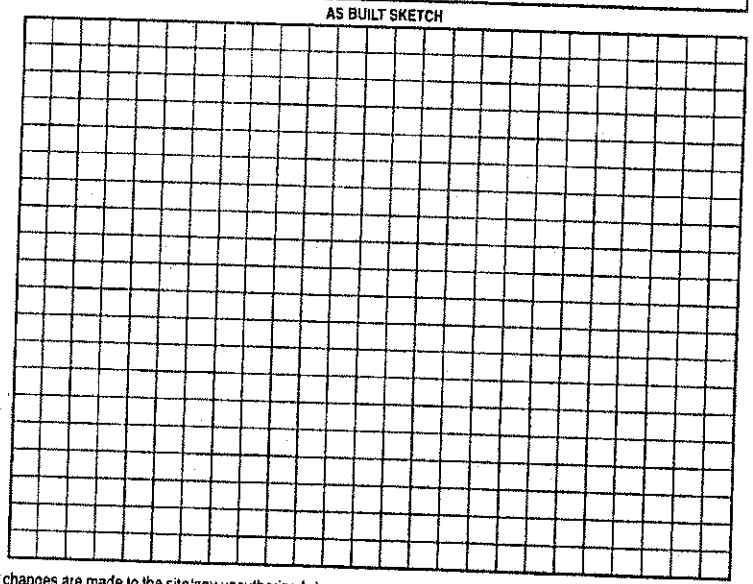
Comments/Conditions: See Attached Sheets for Pump Tank Pressure manifold & clean out They are Part of This Permit.

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

INITIAL SITE SKETCH



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: P.C. Moore date 6-2-99

Authorization to Construct by: P.C. Moore date 6-2-99

Installed by: Fryar

Operation Permit by: [signature] date 11-14-00

Existing System Inspection by: date

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