IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 70991 PIN# 4754671071 DATE 1-7-98

OWNER OR CONTRACTOR Tim + Patricia Booher PHONE: Business _____ Home 704 838 8220

ADDRESS 1236 mitchell Ave Statesville N.C.

LOCATION E Broad St. TR Greenbrair Cross Brike on RT

SUBDIVISION 4thcreekCrossing BLOCK / SECTION _____ LOT 2 LOT AREA 4.66acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-27-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4 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 Chambers
Maintenance Agreement Required: ☐ Yes ☑ No

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

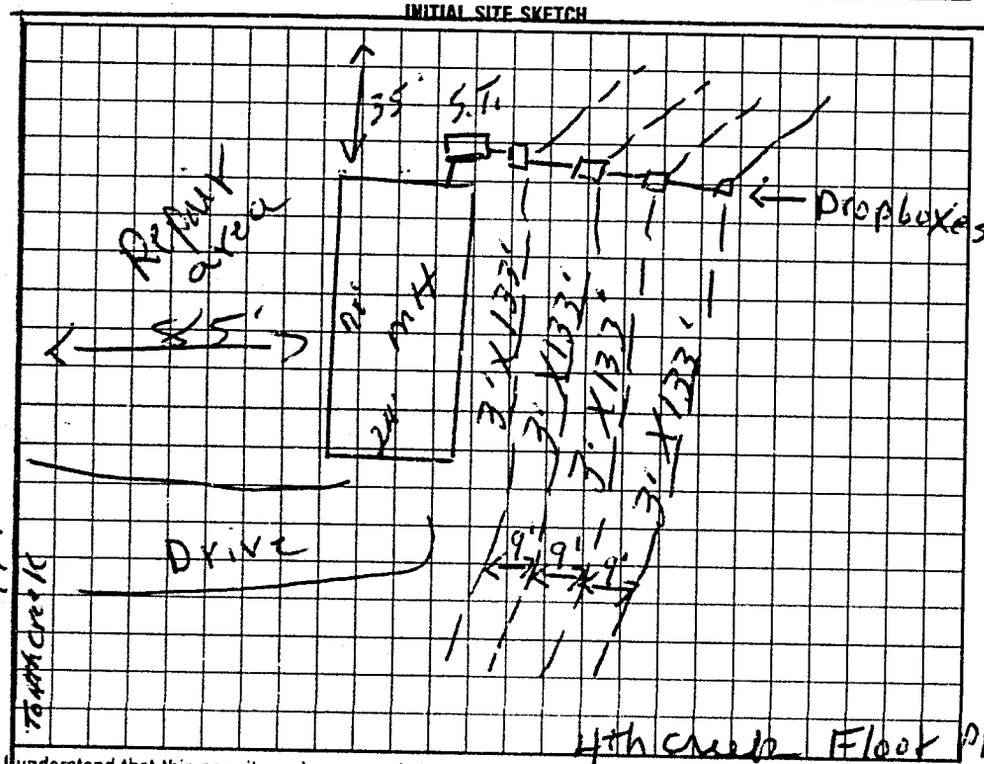
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

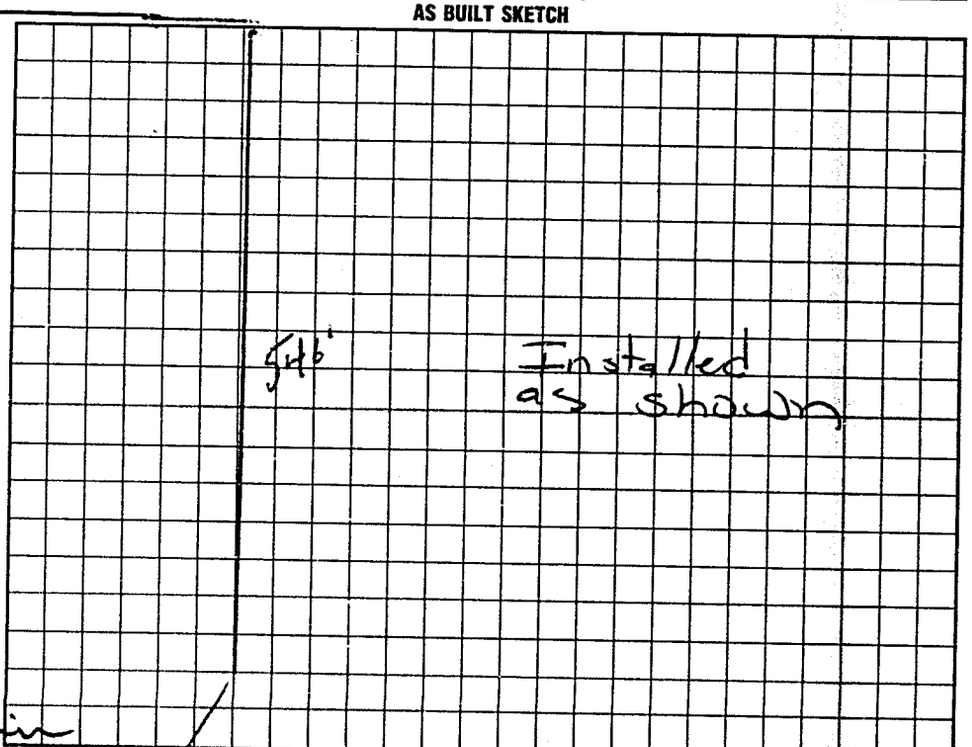
Comments:/Conditions:

Comments:/Conditions:
Note: Lines Not split feed
Feed from end. Tank 4ft
from corner of House

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Tim Booher date _____

Improvement Permit by: R.C. Moore date 1-7-98

Authorization to Construct by: R.C. Moore date 1-7-98

Installed by: A-1 Backhoe

Operation Permit by: Not Certified date 7-28-98

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY (WHITE) INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD