IREDELL COUNTY HEALTH DEPARTMENT

CT 130.00 Paid

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

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

PERMIT# 114173 PIN# 4765 36 7360 DATE 10/21/03

OWNER OR CONTRACTOR LINDA KNOX PHONE: Business 336-766-3142 Home

ADDRESS 8184 HAWKINS CLEMMONS NC 27012

LOCATION 64E - TL RIVERHILL - TL RIVERTON - ON RT

SUBDIVISION WEXFORD BLOCK / SECTION II LOT 7 LOT AREA .48AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .30 GPD/FT²

Septic Tank: 1000 Gallons; STB 7012 Date 11-19-03

Pump Tank: 1000 Gallons; PT 6 17 Date 3-27-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' 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 25% REDUCTION

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

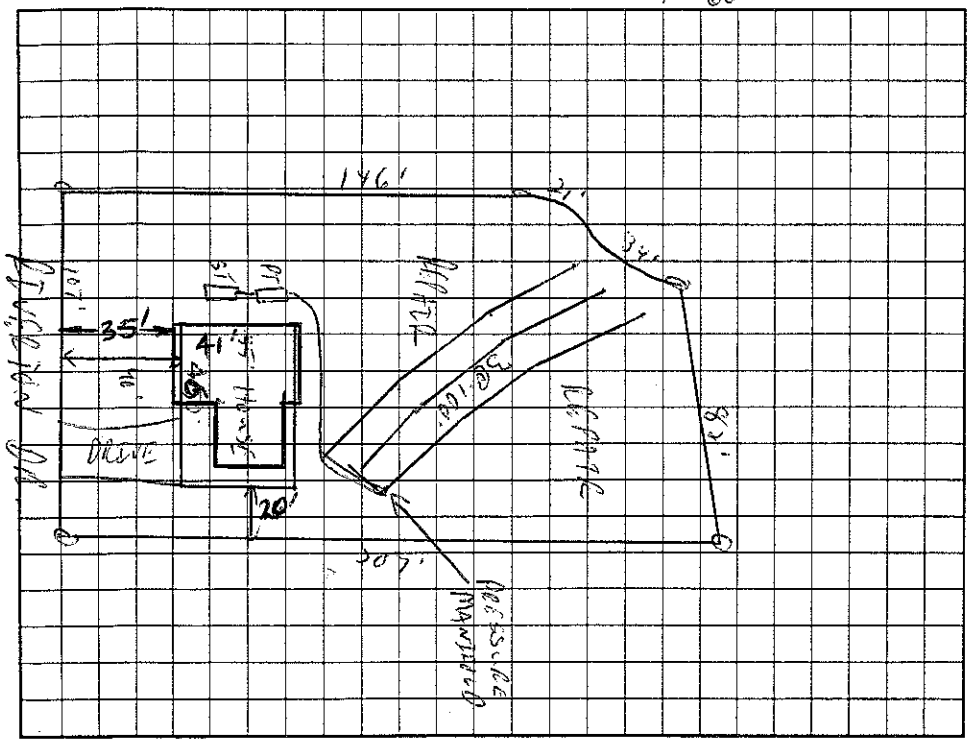
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM IN THREE EQUAL LENGTH LINES ON CONTOUR AS SHOWN.

Comments:/Conditions: Yellow Sup tee Septic tank marker Pump tank Risers

INITIAL SITE SKETCH 1"=60'



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: Linda W. Knox date 10/22/03

Improvement Permit by: C. [illegible] RS date 10/21/03

Authorization to Construct by: STEVE HERRICK date 6-28-04

Installed by: STEVE JORDAN

Operation Permit by: Keary Cook date 2-9-07

Existing System Inspection by: _____ date _____

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