IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092024 PIN# 4765 56 2153 (pt) DATE Dec 1, 00

OWNER OR CONTRACTOR Randall & Regina Brown PHONE: Business 872 7268 Home

ADDRESS 1005-3 Foxcroft Lane Statesville

LOCATION 64 East TL Riverhill Rd. TR Oakhaven TR Stockbridge on left before cul-d-sac

SUBDIVISION Country Woods Est. BLOCK / SECTION LOT 1 LOT AREA 2.22 ac +/- SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons. STB 156 Date 101-01
Pump Tank: Gallons. PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 401
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type I II III IV V VI
System Description GRAVITY INNOVATIVE .25% Red.
Repair System Description: pumped INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees
☐ Other

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

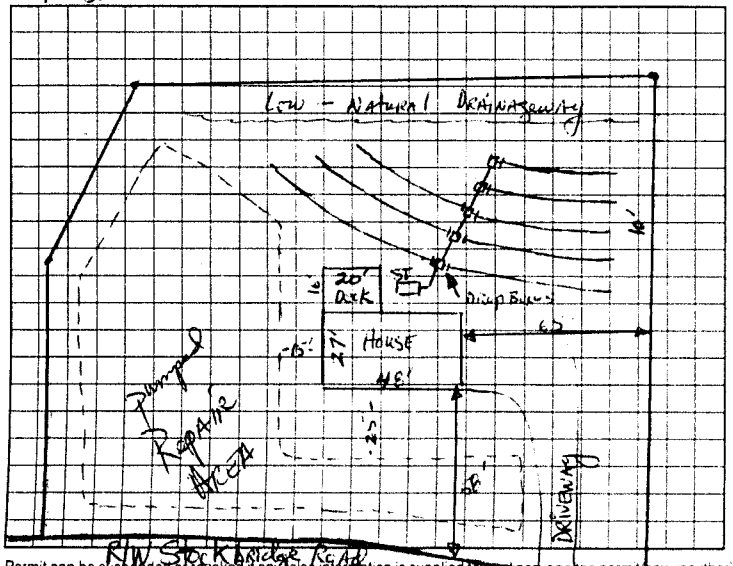
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

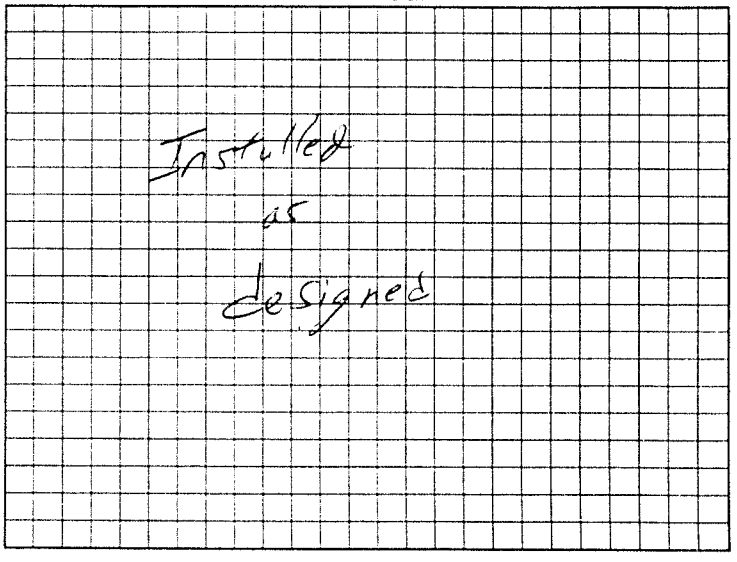
Comments/Conditions – Label filter installed
– 414 Lin. Feet Chamber "Infiltrator" installed

1" = 50'

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: Regina K. Brown date 11/29/00

Improvement Permit by: D. Johnson, RS date 12-1-00

Authorization to Construct by: D. Johnson RS date 12-1-00

Installed by Randy Miller

Operation Permit by: William O. Johnson date 2/9/01

Existing System Inspection by: date

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