IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90186 PIN# 4765 56 4474 DATE 6-28-00

OWNER OR CONTRACTOR Brain Reeve PHONE: Business _____ Home 873 9287

ADDRESS 6058 Phillips LN statesville N.C.

LOCATION 64E TL Rumbhill RD TR oakhaven at corner stockbridge

SUBDIVISION Country woods BLOCK / SECTION _____ LOT 35 LOT AREA 18000 sq' ± SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 1012 Date 4-22-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 300
No Lines 4 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: Gravity 250 25% Reduction
Repair System Description: Pump To 25%
Maintenance Agreement Required: ☐ Yes ☐ No

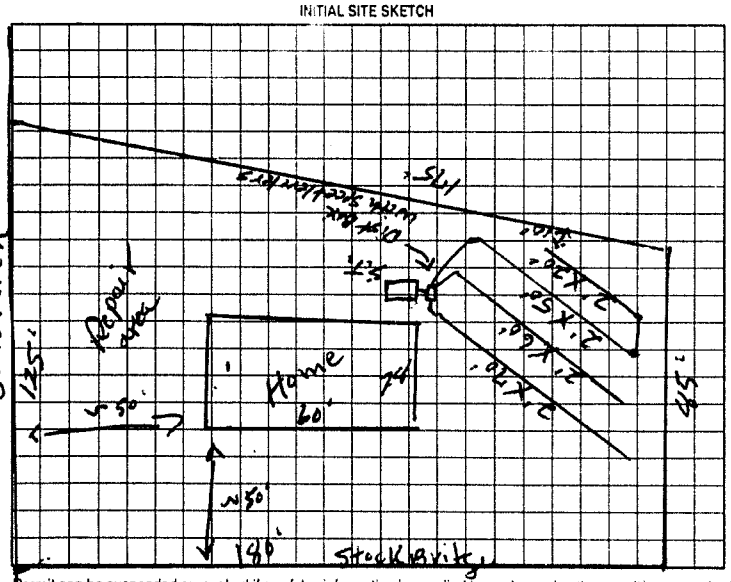
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other
No. Bedrooms 3 No. Bathrooms 1 1/2 No. Employees _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

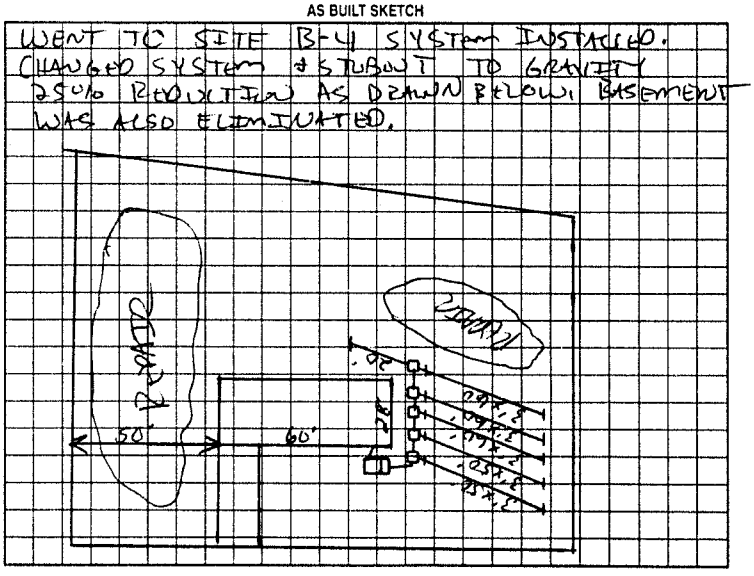
Comments:/Conditions: 50/50/60/60/60/20
TUFTITE FILTER + MARKER
EASY FLOW INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

WENT TO SITE B4 SYSTEM INSTALLED. CHANGED SYSTEM & STUBOUT TO GRAVITY 25% REDUCTION AS DRAWN BELOW. BASEMENT WAS ALSO ELIMINATED.



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: Brian D. Reeve date 7-31-00 Installed by: A-1 BACKHOE

Improvement Permit by: J. C. Moore date 6-28-00 Operation Permit by: _____ date 09-12-02

Authorization to Construct by: J. C. Moore date 6-28-00 Existing System Inspection by: _____ date _____

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