9:30 CI 10' - 110'

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101958 PIN# 4765-58-6615 DATE 9-6-01

OWNER OR CONTRACTOR William S COX PHONE: Business _____ Home 828-726-8544

ADDRESS [redacted] 103 SWEETWATER DR STATESVILLE NC 28625

LOCATION HWY 64E / (C) RIVERHILL (L) RIVER GREEN

SUBDIVISION RIVERGREEN BLOCK / SECTION _____ LOT 1 LOT AREA .9 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 354 Date 5-16-01
Pump Tank: 1000 Gallons: PT 313 Date 7-15-01
Pump Make: ZOELLER Model 137C Serial No 137-0002
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 300
No Lines 4 X 75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 2506 RED
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

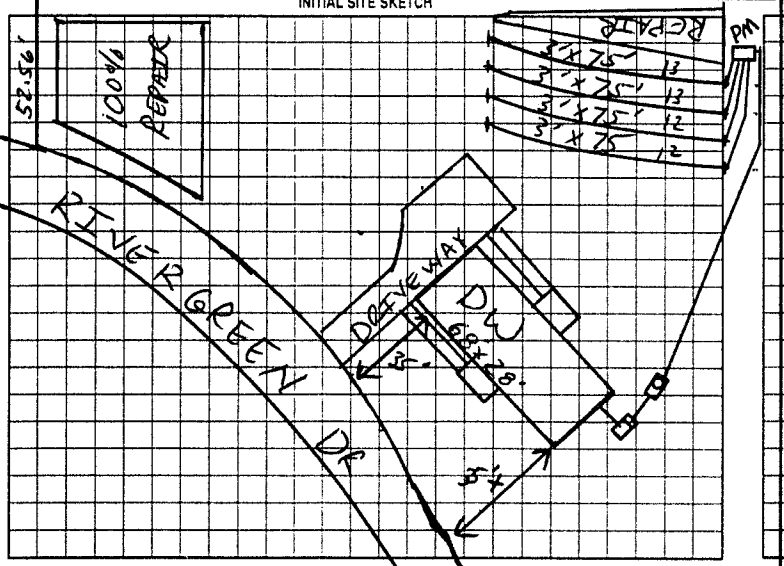
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: (1) FILL PAD INSTEAD OF CUTTING (2) INSTALL LINES ON CONTOURS (3) USE PRESSURE MANIFOLD (4) MAINTAIN SETBACKS (5) KEEP HEDGE LINE 10' FROM SYSTEM 361 LF

Comments/Conditions: (3) USE 50 CHAMBERS OR 30 HOS SECTIONS POLYLOK FILTER & MARKER
50 CHAMBERS

INITIAL SITE SKETCH



AS BUILT SKETCH

NEEDS PRESSURE & ELECTRICAL
ELECTRICAL CHECKED NEEDS PRESSURE 12-5-01
PRESSURE CHECKED 12-6-01 CK

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: [signature] date _____ Installed by: C & M ENTERPRISES

Improvement Permit by: [signature] PS date 9-6-01 Operation Permit by: [signature] PS date 12-6-01

Authorization to Construct by: [signature] PS date 9-6-01 Existing System Inspection by: _____ date _____

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