PERMIT REPLACES PREVIOUSLY ISSUED

CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093996 PIN# 4766 83 4120 DATE [redacted] 8/6/01

OWNER OR CONTRACTOR PETER E. BULLOCK PHONE: Business _____ Home 704-663-6549

ADDRESS 212 E. PARK AVE MOORESVILLE, NC 28115

LOCATION HWY 64E, ① RIVERHILL, ② CHESTNUT GROVE, ③ 7 SPRINGS LOOP, LOT #22 ON LT

SUBDIVISION 7SPRINGS BLOCK / SECTION _____ LOT 22 LOT AREA 2.41 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-2001
Pump Tank: 1000 Gallons; PT 17 Date 4-2-2000
Pump Make: GOULDS Model WE03511M Serial No M0051223
Nitrification Field: No Fields 1 Square Feet EQ#1200 Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP 25% REDUCT
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other ____

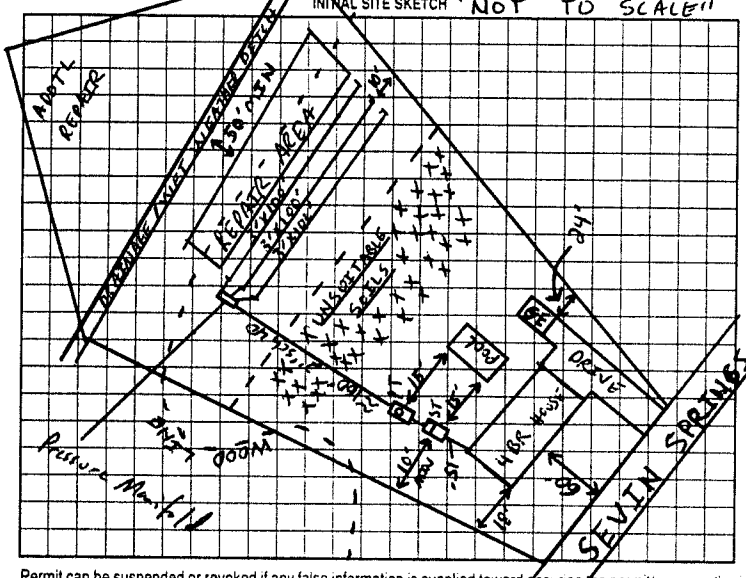
Gravel Depth N/A [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

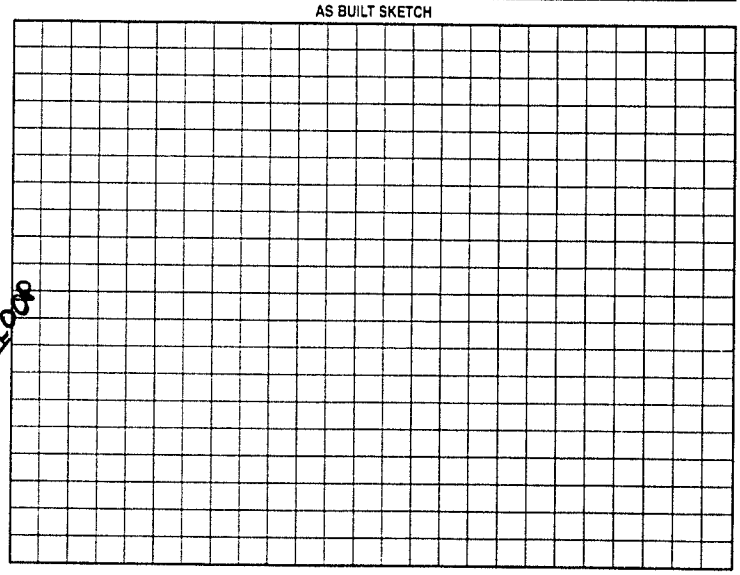
Comments/Conditions: ① INSTALL LINES ON CONTOUR ② MAINTAIN SETBACK, ③ USE Pressure Manifold ④ Prior to Installation CALL FOR PUMP SIZING IF WANTED.

Comments/Conditions: NEED PUMP INFO & ELECTRICAL ✓D
POLYLOK FILTEC & RISERS INSTALLED
INSTALLED AS SHOWN
EVERYTHING CHECKED OK

INITIAL SITE SKETCH "NOT TO SCALE"



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: _____ date 8-17-01 Installed by: DAVID YOUNTZ

Improvement Permit by: _____ date 8-6-01 Operation Permit by: _____ date 9-25-01

Authorization to Construct by: _____ date 8-6-01 Existing System Inspection by: _____ date _____

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