IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094245 PIN# 4769 50 6155 DATE 2/13/01

OWNER OR CONTRACTOR JAMES F. CASE, SR. PHONE: Business _____ Home (704) 546-7287

ADDRESS P.O. BOX 73, TURNERSBURG NC 28688

LOCATION HWY 21 N, JUST PAST ROCKY CRK. ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.27 SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 794 Date 8/21/00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 340 Linear Feet 170
No Lines 4 Trench Width 2' Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: PPBPS (39 PANELS)
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

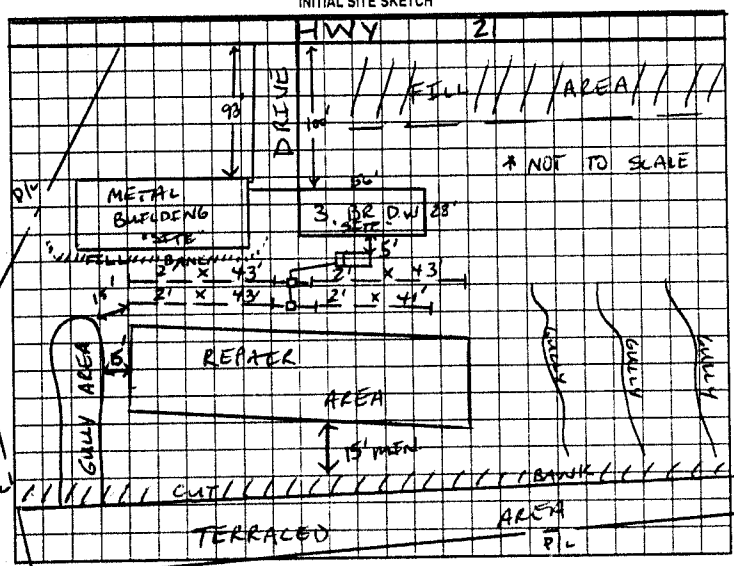
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

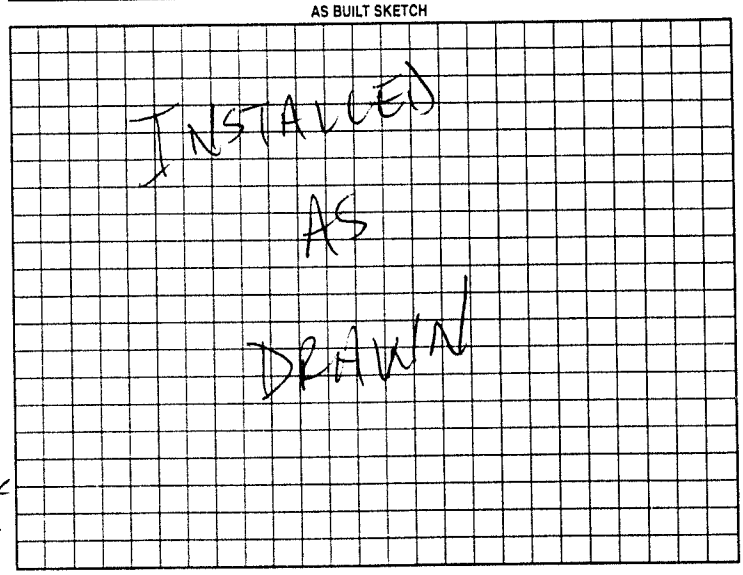
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN SETBACKS ④ INSTALL DRAIN LINES UNIFORM AND ON CONTOUR ⑤ CONTACT HEALTH DEPT. PRIOR TO INSTALLATION.

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ PUMP SEPTIC TANK EVERY 3 5 YRS.

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: Wanda D. Case date 2-14-01 Installed by: TOMMY FRYE

Improvement Permit by: Tracy Shinn date 2/13/01 Operation Permit by: Tracy Shinn date 3/6/01

Authorization to Construct by: Tracy Shinn date 2/13/01 Existing System Inspection by: _____ date _____

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