IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (E) MOORESVILLE 704-664-5281

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

(C)

PERMIT# 106688 PIN# 4772-60-6179 DATE 6-10-02

OWNER OR CONTRACTOR JAMES P. BROWN PHONE Business (704) 872-0800 Home (704) 873-8415

ADDRESS 207 BIG FOREST DR, STATESVILLE, NC 28677

LOCATION US 70 EAST, TR TRIPLETT ROAD, TL ROWAN ROAD 0.5 MILE ON RIGHT (#254)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 ACRE SITE CLASS PSI DESIGN FLOW 480 L.T.A.R. 0.30 @ 0/FT²

Septic Tank: 1000 Gallons: STB 794 Date 5-2-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

✓ New System Repair System Type CONVENTIONAL
System Description CONVENTIONAL, GRAVITY
Repair System Description 30% REDUCTION, GRAVITY
Maintenance Agreement Required Yes ✓ No
Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

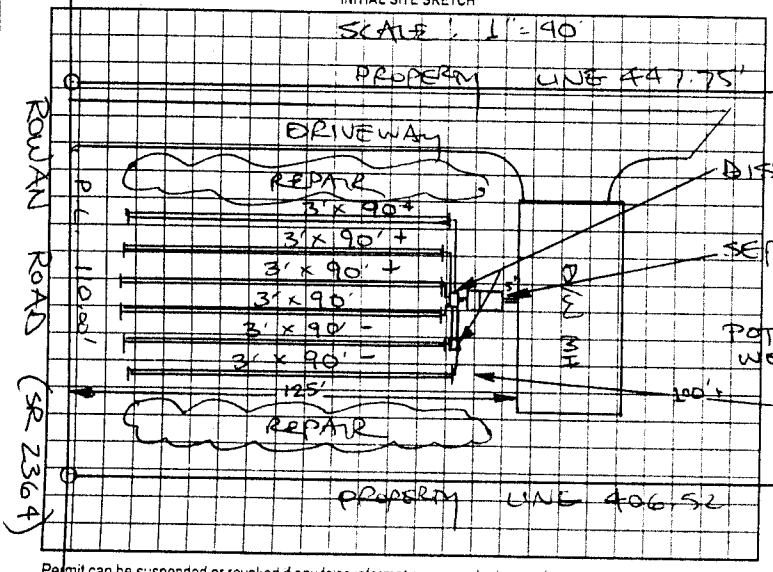
House/Mod Home No Bedrooms 4
Mobile Home No Bathrooms 2
Business No Employees
Other

Water Supply
✓ Individual
☐ Public
☐ Community
WELL

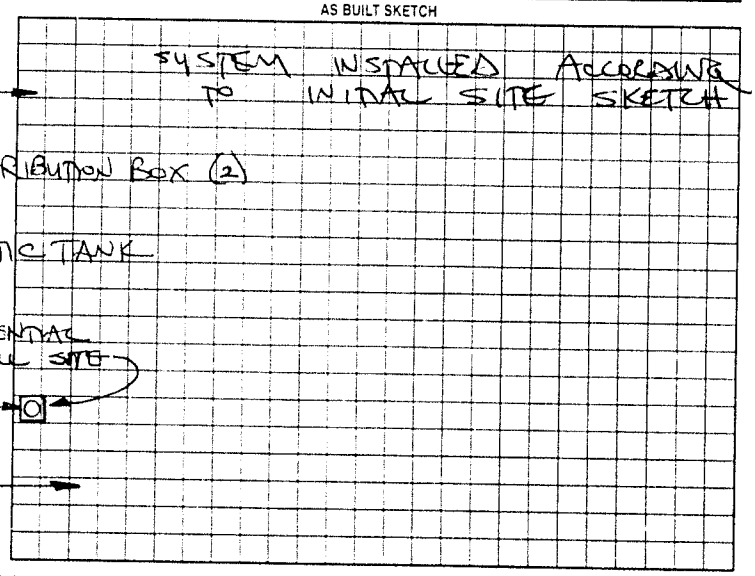
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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: X James P Brown Jr date 6-10-02 Installed by ESKER ELDER

Improvement Permit by: STEVE HEDRICK date 6-10-02 Operation Permit by STEVE HEDRICK date 7-23-02

Authorization to Construct by: STEVE HEDRICK date 6-10-02 Existing System Inspection by _____ date _____

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