IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87944 PIN# 4773501149 DATE 2-29-00

OWNER OR CONTRACTOR Statesville Housing PHONE: Business 924-9393 Home

ADDRESS 115 Morehead Rd Statesville

LOCATION 70E TR Triplett Rd TR Browns Farm 5th lot Rt

SUBDIVISION Browns Fm BLOCK / SECTION LOT 10 LOT AREA .80 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Ellinger 312 Date 2-3-99

Pump Tank: 1000 Gallons; PT Ellinger Date 1-9-99

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump To Conv.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

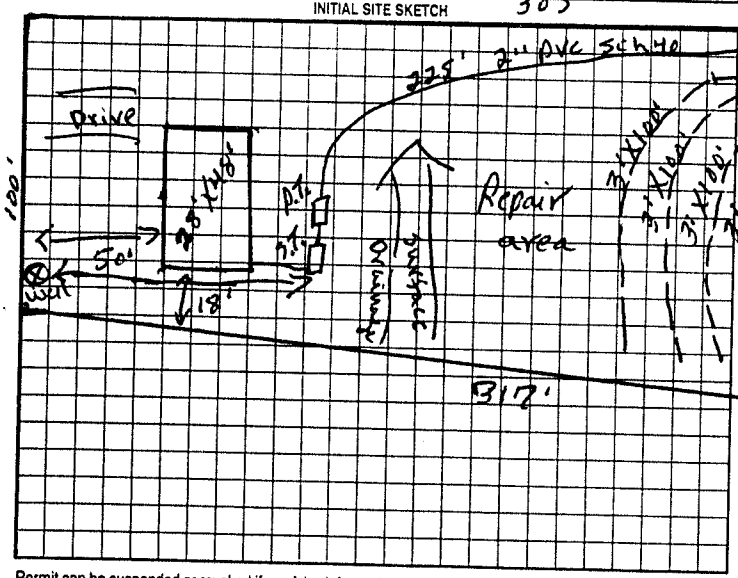
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: See Attached Sheets for Pump Tank, wiring, & pressure manifold set up.

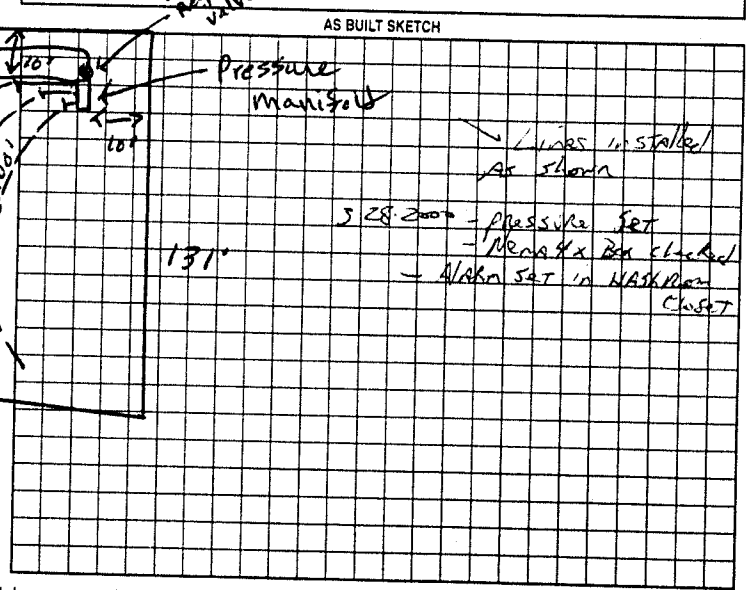
Comments/Conditions. 3-16-2000 Top 3 Lines installed As Shown Covered in The Rain Lines ok

3-17-2000 4th Line ok - Tank set - ok

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: Ralph E Coolidge date 3/3/00

Improvement Permit by: P.C. Moore date 2-24-00

Authorization to Construct by: P.C. Moore date 2-24-00

Installed by: Craig Thompson

Operation Permit by: [illegible] date March 28 2000

Existing System Inspection by: date

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