IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 1-26-00

PERMIT# 895666 PIN# 4775101613

OWNER OR CONTRACTOR Hope Brothers PHONE: Business 8724111 Home

ADDRESS 1120 Barkley Rd Statesville, N.C.

LOCATION 64E TR New Salem TR Lynngate Th Verna 5th lot left

SUBDIVISION Campbell Glenn BLOCK / SECTION LOT 20 LOT AREA .62 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 5-3-00
Pump Tank: 1000 Gallons: PT 17 Date 1-22-2000
Pump Make: GOULDS Model WE05111H Serial No 9000 7466
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. III IV. V. VI
System Description: Pump To 25% Reduction
Repair System Description: Low Pressure Panels
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

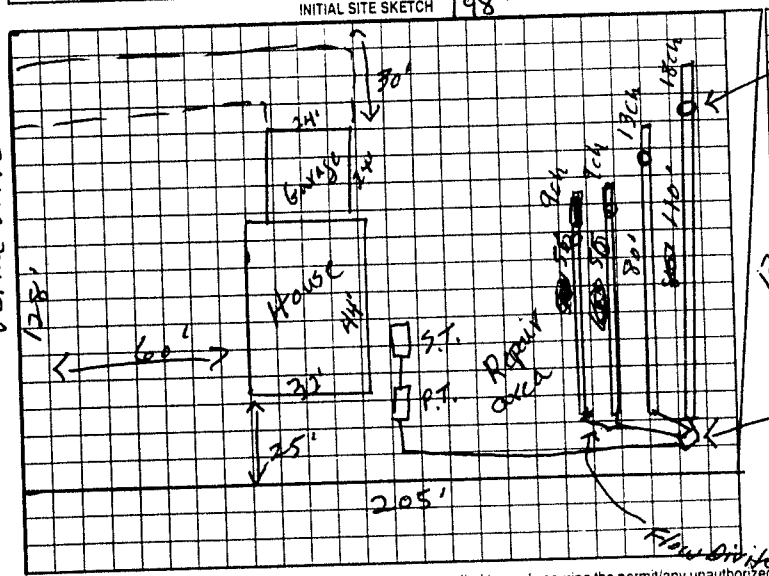
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

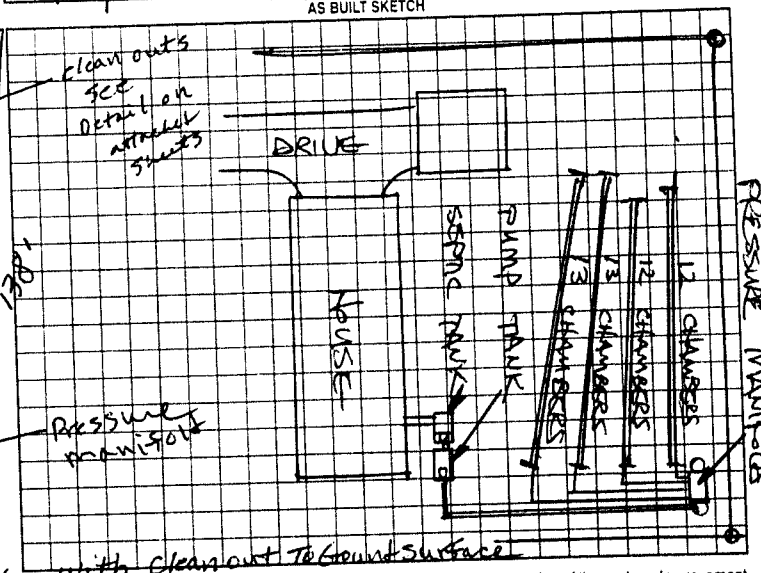
Comments/Conditions: See Attached Sheets for Pump Tank Setup, Pressure manifold, & Clean out

Comments/Conditions ① SYSTEM CHANGED AS SHOWN BELOW WITH PRIOR HEALTH DEPARTMENT APPROVAL
② SEPTIC TANK WITH RISERS INSTALLED USING "PolyLok" FILTER

INITIAL SITE SKETCH 198'



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 3-7-00 Installed by: Arnie Duncan

Improvement Permit by: R. C. Moore date 1-26-00 Operation Permit by: Mat Coats RS date 11-1-00

Authorization to Construct by: R. C. Moore date 1-26-00 Existing System Inspection by: _____ date _____

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