IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101156 PIN# 4776-52-2910 DATE 7-31-01

OWNER OR CONTRACTOR ROBERT RANSEUR PHONE: Business Home 704-878-9173

ADDRESS 261 RIVER HILL RD, STATESVILLE, NC 28625

LOCATION 64 E, © SWANN, © MCALLISTER 1/2 WAY DOWN PAST CASE FARMS ON RT

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

Septic Tank: 1000 Gallons; STB 10/2 Date 10-26-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet EQX1200' Linear Feet 300'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAV 2546 RED
Repair System Description: GRAV/DUMP/LP PANEL
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth N/A ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

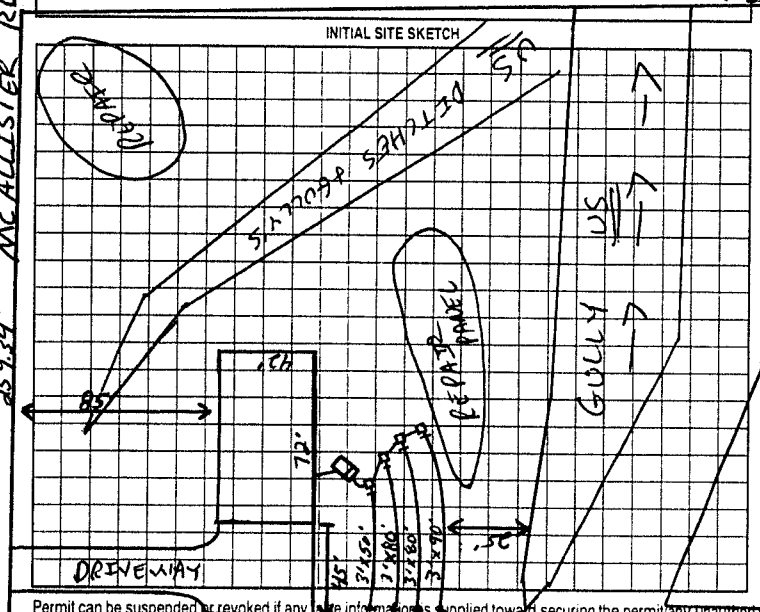
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual X Public ☐ Community

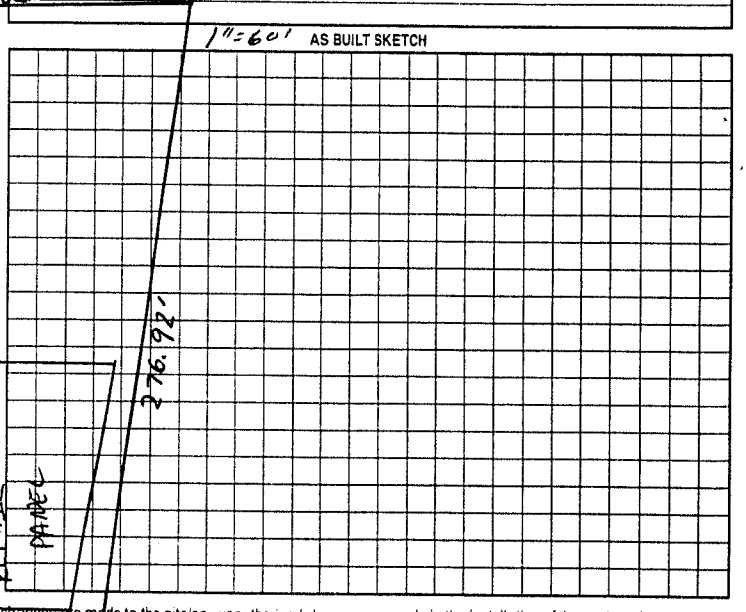
Comments/Conditions: ① INSTALL LINES ON CONTOUR ② MAINTAIN SETBACKS ③ SYSTEM IS FLAGGED OUT

Comments/Conditions: POLYFLOW FILTER 2000 + RISERS INSTALLED AS SHOWN

INITIAL SITE SKETCH



1"=60' 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: Lorna Ransuer date

Improvement Permit by: Jim Cook RS date 7-31-01

Authorization to Construct by: Jim Cook RS date 7-31-01

Installed by: YOUNTZ CLEARING

Operation Permit by: Jim Cook RS date 01-09-01

Existing System Inspection by: date

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