IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081752 PIN# 4776 53 1197 DATE 6-28-99

OWNER OR CONTRACTOR DEBORAH RAMSEUR PHONE: Business _____ Home _____

ADDRESS P.O. BOX 207 BARIUM SPRINGS, NC 28010

LOCATION US 64 E, TL SWANN ROAD, TL MCALLISTER RD, TR EAVES LANE, LOT ON LEFT #131

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-7-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1320 to 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth SAND 6"

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

System Description: PPBPS GRAVITY-FED

Repair System Description: PPBPS, PUMP-FED

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

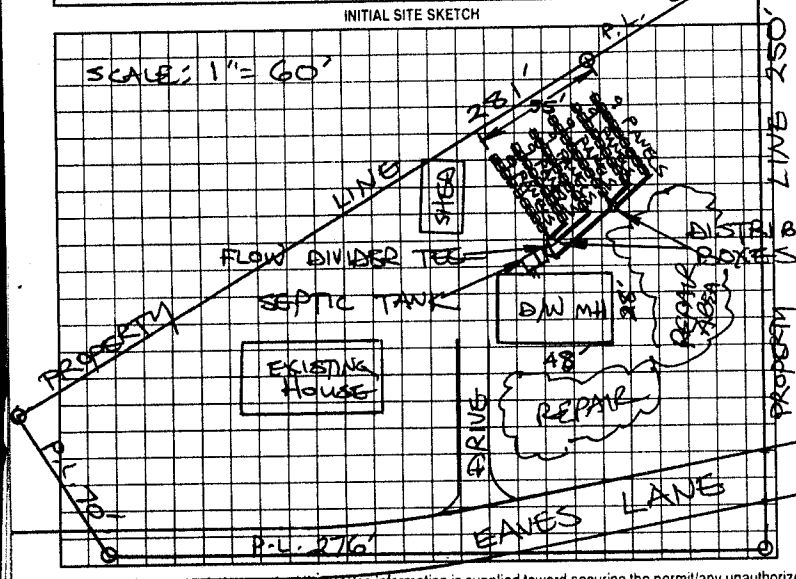
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL FIFTY-FOUR (54) PPBPS PANELS IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Deborah Ramseur date 8-19-99 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 6-28-99 Operation Permit by: P. C. Moore date 9-20-99

Authorization to Construct by: STEVE HEDRICK date 6-28-99 Existing System Inspection by: _____ date _____

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