IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071738 PIN# 4789038189 DATE 2-6-98

OWNER OR CONTRACTOR LOIS BRATER PHONE: Business Home 871-0129

ADDRESS 526 COOLEDGE CT. STATESVILLE NC 28677

LOCATION US 21 N, TR MT. BETHEL RD, TL RIMROCK RD, TL SHAW RD, TL STAGECREST DRIVE, 5TH LOT ON RIGHT

SUBDIVISION RIMROCK EST. BLOCK / SECTION LOT 14 LOT AREA 0.732 ACRE SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 12-1-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

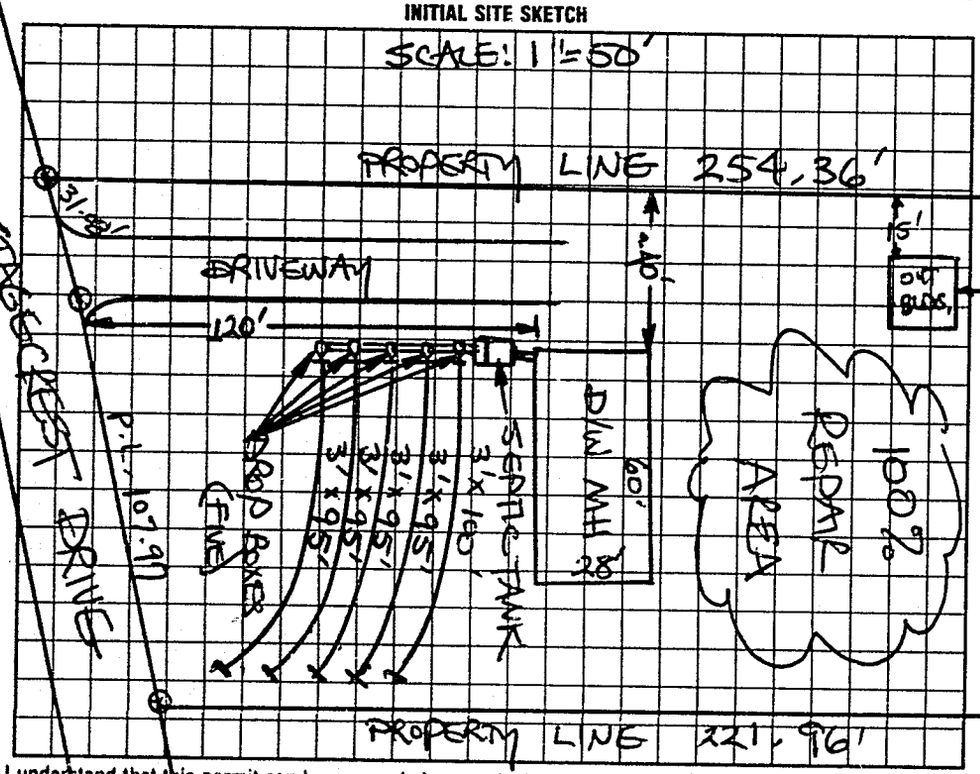
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

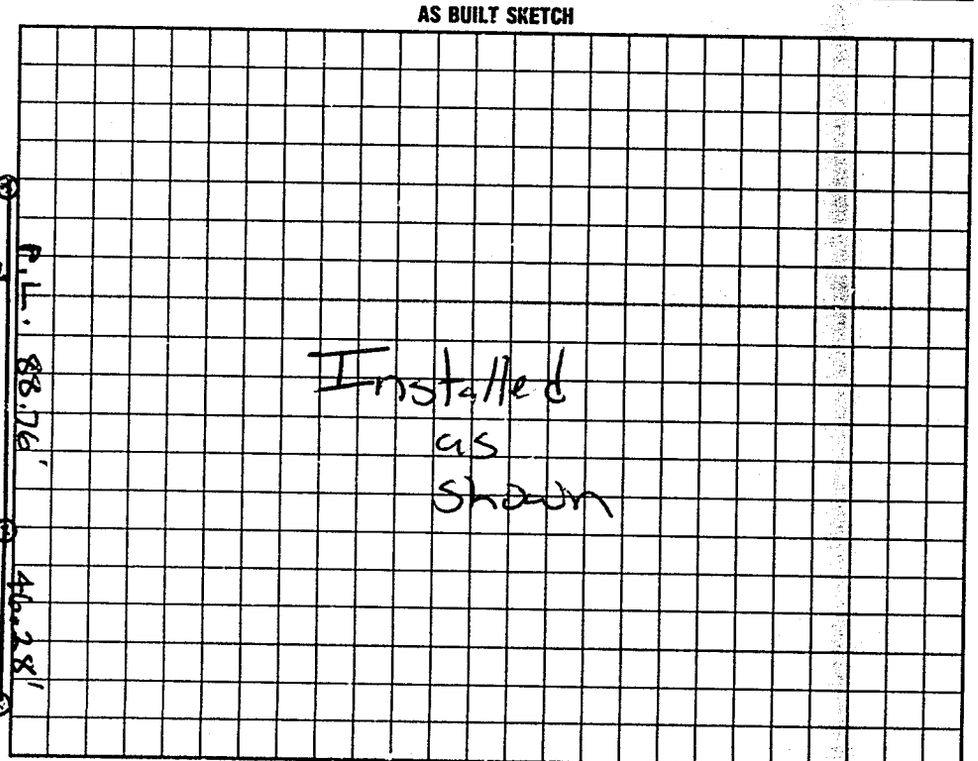
Comments:/Conditions: INSTALL LINES ON CONTOUR AS SHOWN AND FLAGGED ON SITE

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Lois Brater date 2-6-98

Improvement Permit by: STEVE HEDRICK date 2-6-98

Authorization to Construct by: STEVE HEDRICK date 2-6-98

Installed by: Shane Jarrett

Operation Permit by: Mary C Ott RS date 2-19-98

Existing System Inspection by: date

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

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