IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10421 PIN# 4800-~~77-2588~~ 80-1039 DATE 9-16-03

OWNER OR CONTRACTOR JEFF BROOKS PHONE: Business 704-662-3034 Home 704-924-7626

ADDRESS 1278 FOURTH CREEK LANDING DR STATESVILLE NC 28625

LOCATION 115 N, (L) DEMASTUS CHURCH (R) LAUREL CREEK 1/2 mile on RT PAST BLUE GATE & BY HORSE BARN

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 28 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1067 Date 7-14-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400
No Lines 4x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV GRAV
Repair System Description: GRAV 25% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

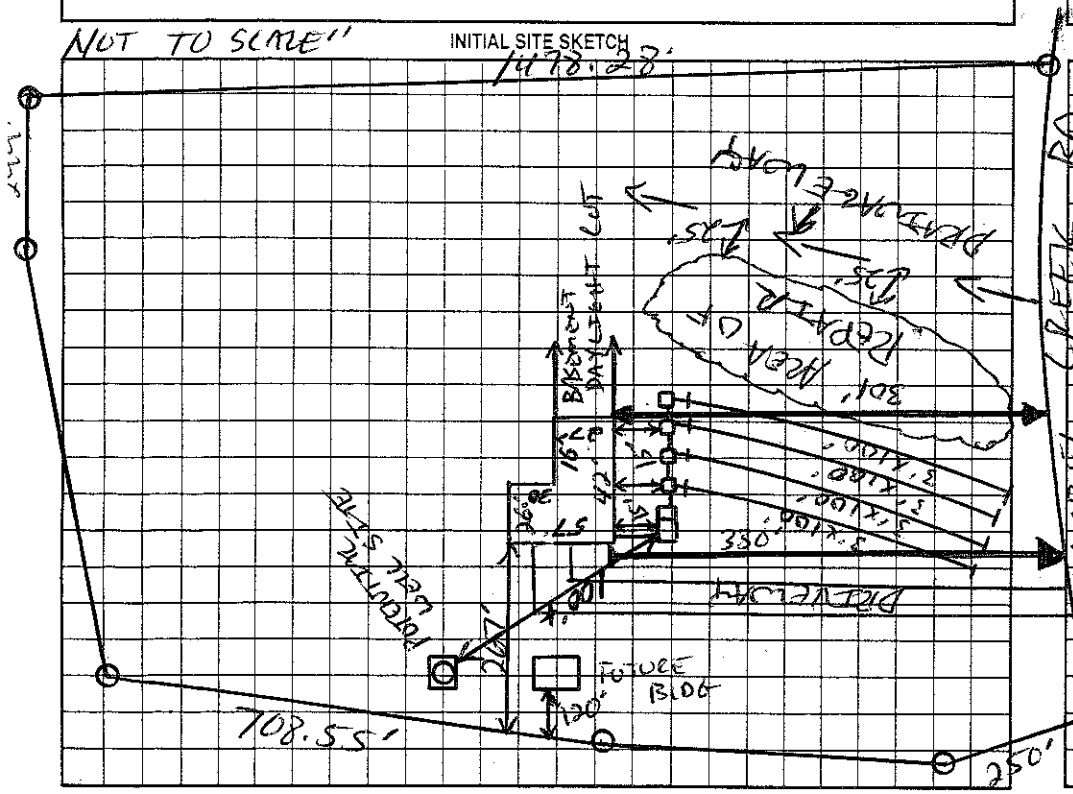
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) SYSTEM & HOUSE IS ENTIRELY FLAGGED OUT (2) MAINTAIN SETBACKS (3) INSTALL LINES ON CONTOURS

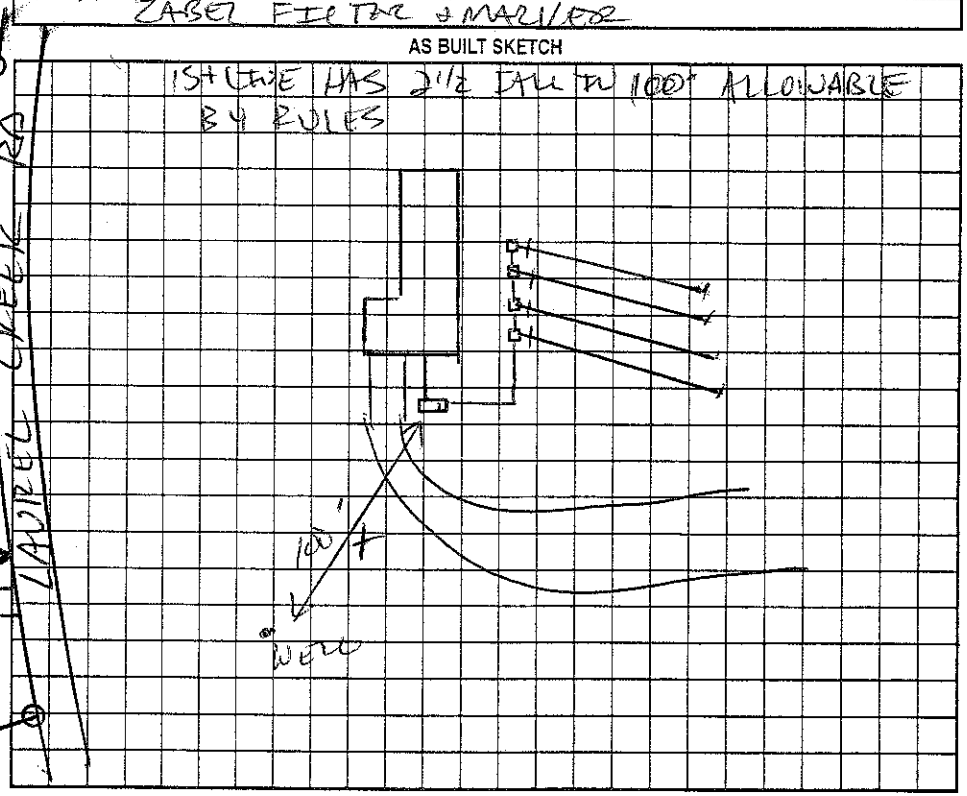
Comments:/Conditions: OWNER CALLED & I MET INSTALLER ABOUT CUMBOW LE TANK TO DRAW LOCATION BELOW. ALL SETBACKS FROM BASEMENT DRAWN MAINTAIN ZABEL FILTER & MARVEL

NOT TO SCALE"

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: [signature] date 9-17-03 Installed by: KENNY PEARSON

Improvement Permit by: [signature] RS date 9-16-03 Operation Permit by: [signature] RS date 9-23-04

Authorization to Construct by: [signature] RS date 9-16-03 Existing System Inspection by: _____ date _____

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