IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088617 PIN# 4801 87 8395 DATE 4-17-00

OWNER OR CONTRACTOR DEBBIE CRIGLER PHONE: Business Home 592-2298

ADDRESS 227 FOX MOUNTAIN ROAD, STATESVILLE, NC

LOCATION NC 115 N, TL MTN. VIEW RD, TR LOVE VALLEY RD, TL FOX MTN. RD. 0.5 MILE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 14.78 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 160 Date 3-6-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

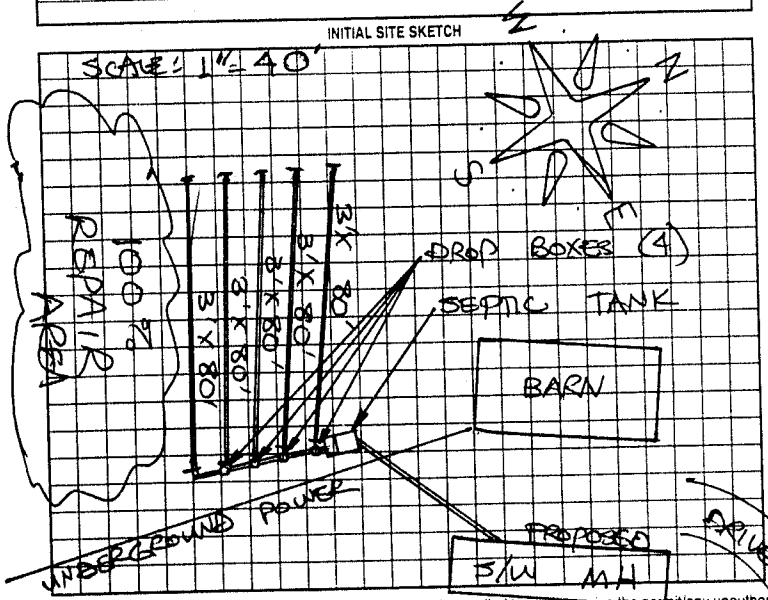
☐ Other FUTURE 3 BR

Water Supply: ☐ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "THE-TITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Debbie Crigler date 4-17-00

Improvement Permit by: STEVE HEDRICK date 4-17-00

Authorization to Construct by: STEVE HEDRICK date 4-17-00

Installed by: ROGER SIGMON

Operation Permit by: STEVE HEDRICK date 4-20-00

Existing System Inspection by: date

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