IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093994 PIN# 4821 41 3776 DATE 2-16-01

OWNER OR CONTRACTOR SHERRY MURPH PHONE: Business Home (704) 876-0213

ADDRESS 141 BRUCE FARM ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR BRUCE FARM ROAD 3RD LOT ON LEFT (ACROSS FROM TUCKERS GROVE)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.88 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 312 Date 4-22-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 32"

☑ New System Repair System Type: I (II) III IV V VI
System Description CONVENTIONAL GRAVITY
Repair System Description CONVENTIONAL GRAVITY
Maintenance Agreement Required Yes ☑ No
Gravel Depth 12" Slab ☑ Crawl Space Basement w/plumbing Basement w/o plumbing

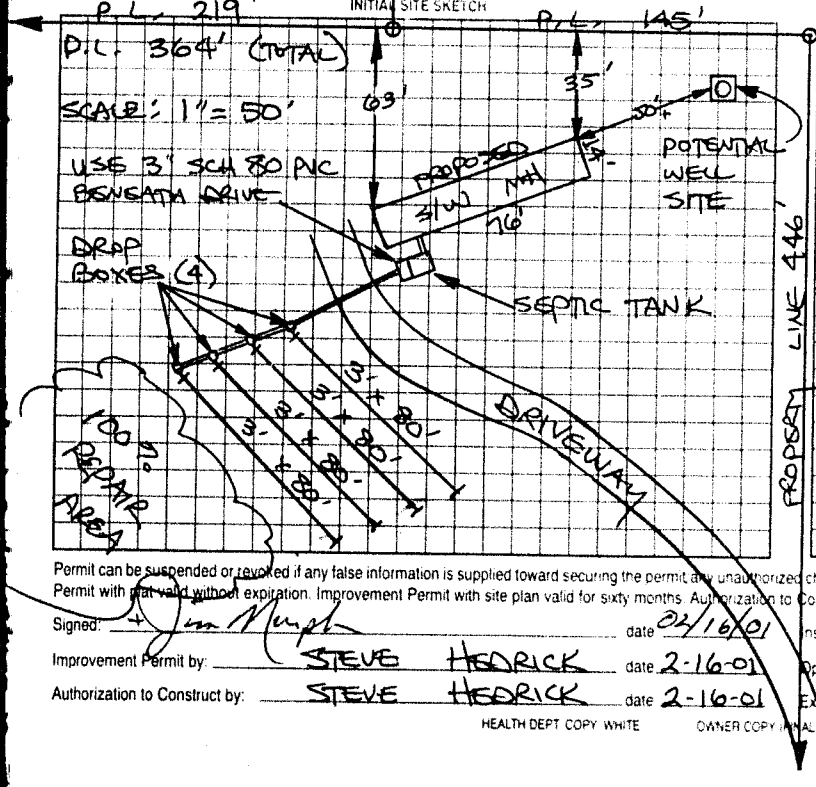
☑ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
Business No. Employees
Other

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments /Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments /Conditions:
- Poly Lok Filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown

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: Jim Murph date 02/16/01 Installed by Andy Daniels

Improvement Permit by: STEVE HEDRICK date 2-16-01 Operation Permit by William O. Johnson #51 date 3/14/01

Authorization to Construct by: STEVE HEDRICK date 2-16-01 Existing System Inspection by date

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