IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11346 PIN# 3774-54-6087 DATE 7/9/03

OWNER OR CONTRACTOR Mark Thompson PHONE: Business — Home (704) 637-3628

ADDRESS 322 W. Glenview Drive Salisbury NC 28147

LOCATION I-85 W @ Sherrill Rd @ Stewart Rock Drive @ Riverwalk Rd @ End.

SUBDIVISION Riverwalk BLOCK / SECTION I LOT 15 LOT AREA .7209 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 2-19-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equa Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 4@50' Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth ~~24"~~ 6"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 50% Reduction LPP
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☒ No

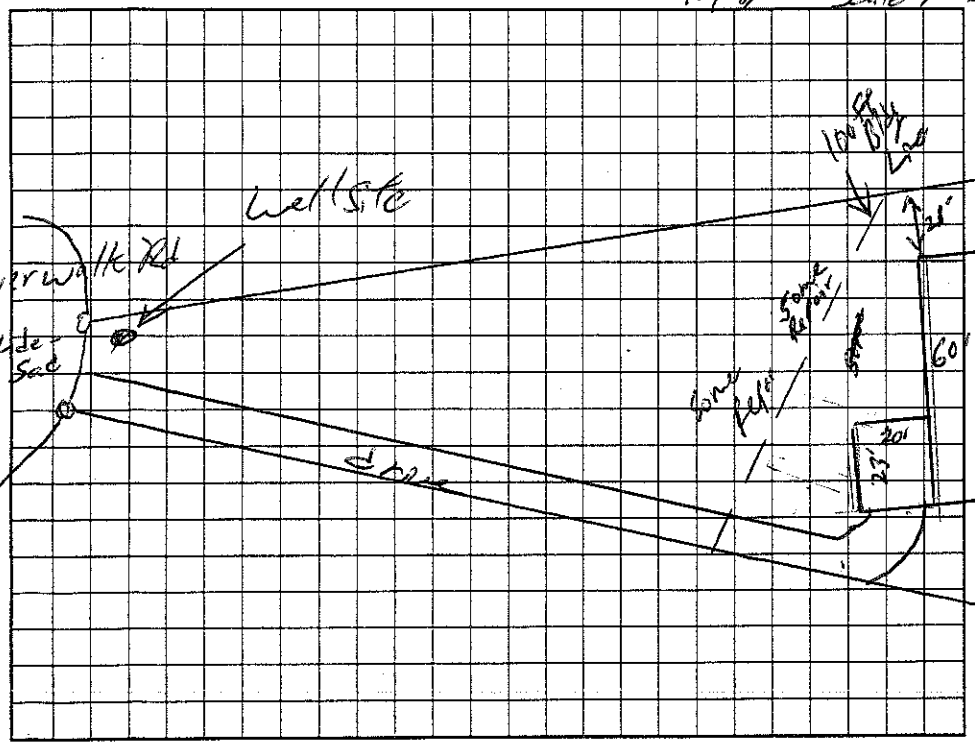
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

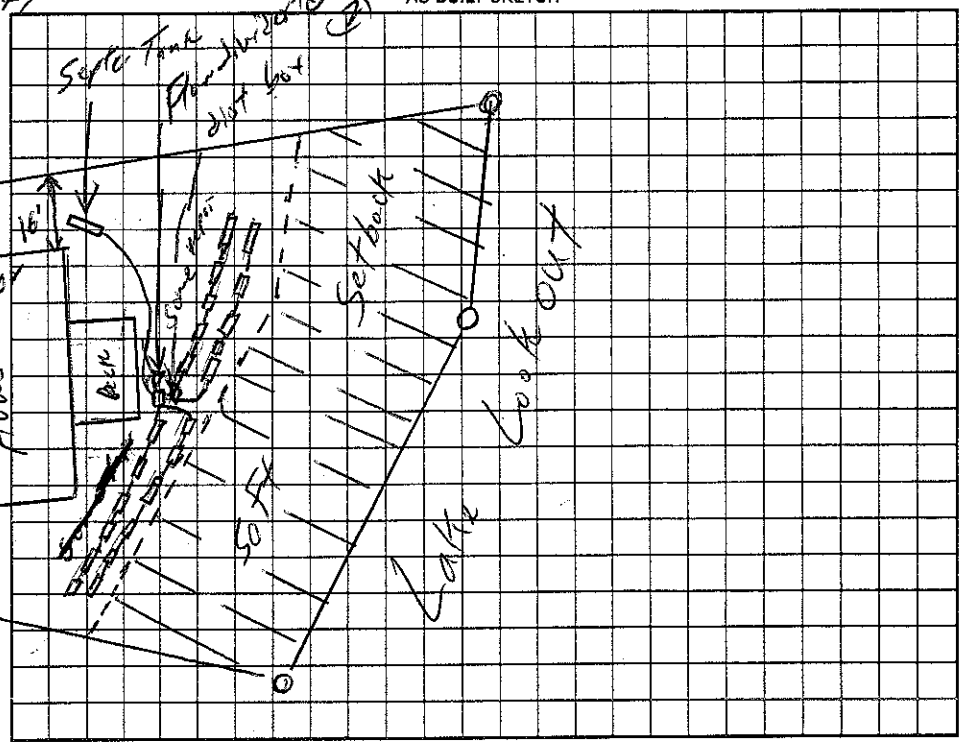
Comments:/Conditions: (1) Trench 46 Panels Total 33 Tons of Sand on Contour (2) Install one (1) flow divider Tee + (2) two distribution boxes Prior H.D. Approval to move drive + S.T.

Comments:/Conditions: - Tuff-Tite filter + ST Risers

INITIAL SITE SKETCH 12/18/03 Scale 1"=50FT



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: Mark Thompson date 2-17-03 Installed by: Forrest Shuford

Improvement Permit by: William O. Johnson date 7/9/03 Operation Permit by: William O. Johnson date 7/22/04

Authorization to Construct by: William O. Johnson date 12/18/03 Existing System Inspection by: ____ date ____

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