C.1

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133055 PIN# 3774744037 DATE 1-9-06

OWNER OR CONTRACTOR JO Ring PHONE: Business Home 336-998-4608

ADDRESS 2598 Highway 64 EAST Mocksville NC 27028

LOCATION 40 w Sharon School RD TO Stewart rock TO Fullbright corner overlook and Riverwalk Ct

SUBDIVISION Riverwalk BLOCK / SECTION III LOT 32 LOT AREA 1.05 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB WP 1000 Date 9-10-06
Pump Tank: _____ Gallons; PT STB 1000 Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36 Max Trench Bottom Depth 24

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Gravity
Repair System Description: LPP Pump
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____

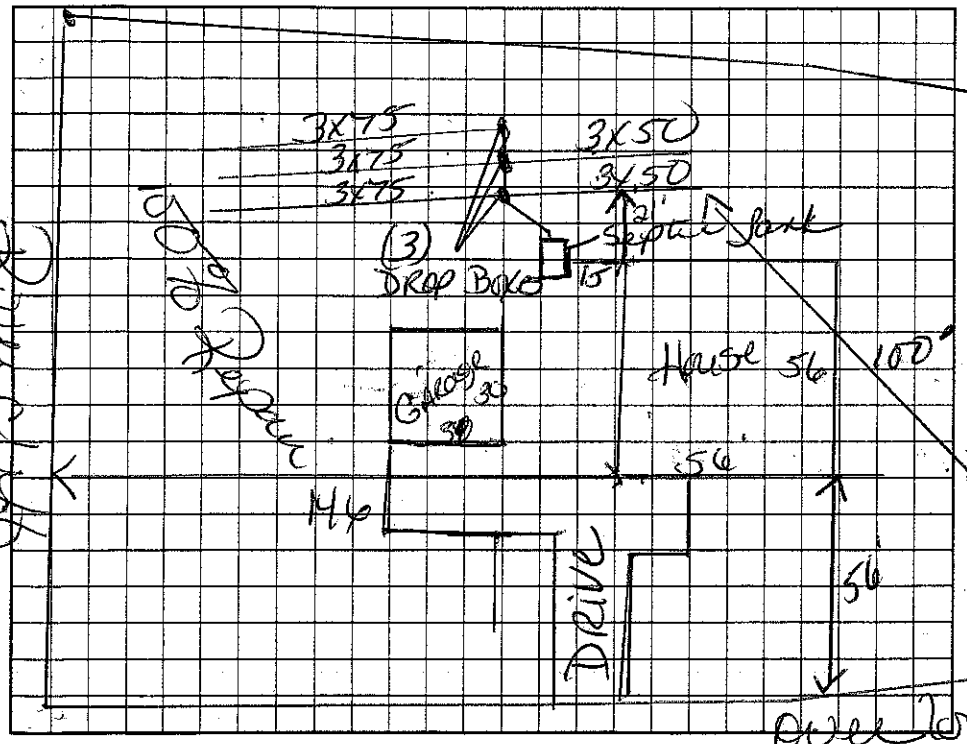
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

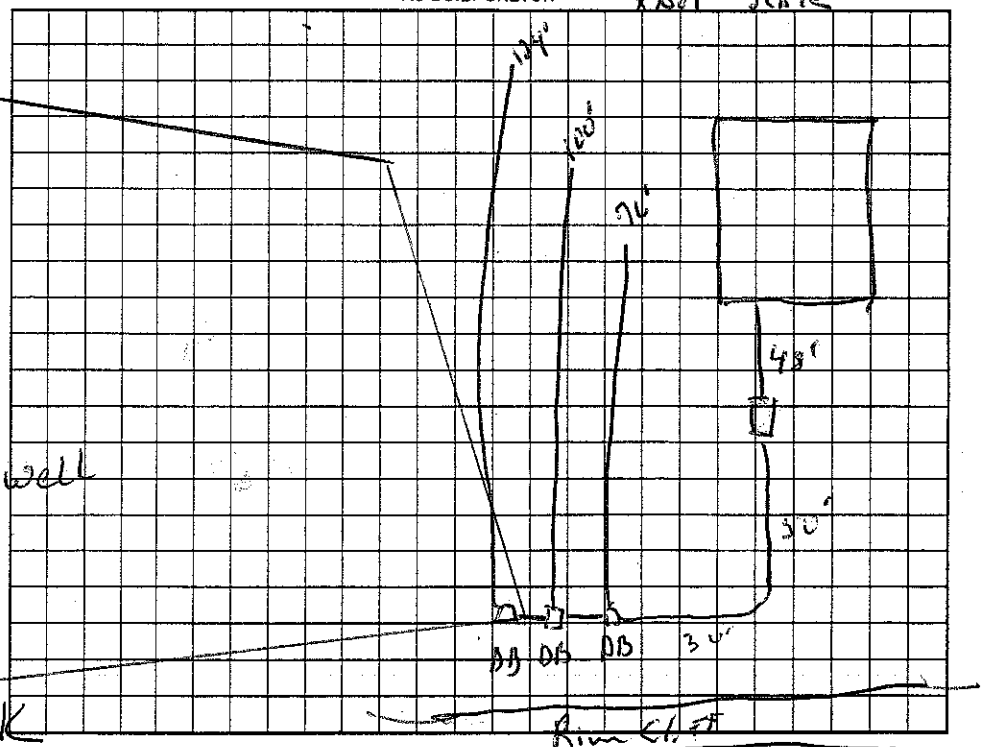
Comments:/Conditions:
Maintain 100' from system with well
install on contour

Comments:/Conditions:
1 19 Panels 2 25 Panels 3 31 Panels
Maintain all setbacks
Tank - marker
24" French depth map

INITIAL SITE SKETCH



AS BUILT SKETCH — X not to Scale



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: _____ date _____ Installed by: James Hudlow

Improvement Permit by: Kelly Cox date 1-9-06 Operation Permit by: _____ date _____

Authorization to Construct by: Kelly Cox date 1-9-06 Existing System Inspection by: _____ date 24 Oct. 06

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