IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10294 8 PIN# 3774-82-7193 DATE 11/01/01

OWNER OR CONTRACTOR Tracy Gibson PHONE: Business — Home (704) 876-3441

ADDRESS 659 Turnersburg Hwy Statesville NC 28625

LOCATION I-77 W, Exit Shann School Road, R on ~~Rutledge~~ Stewart Rock Dr, R on Fulbright Rd, Lot on Right

SUBDIVISION Patriot Pointe BLOCK / SECTION — LOT 4 LOT AREA .83 Ac SITE CLASS. 25 DESIGN FLOW 480 L.T.A.R. .39 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1007 Date 11-13-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

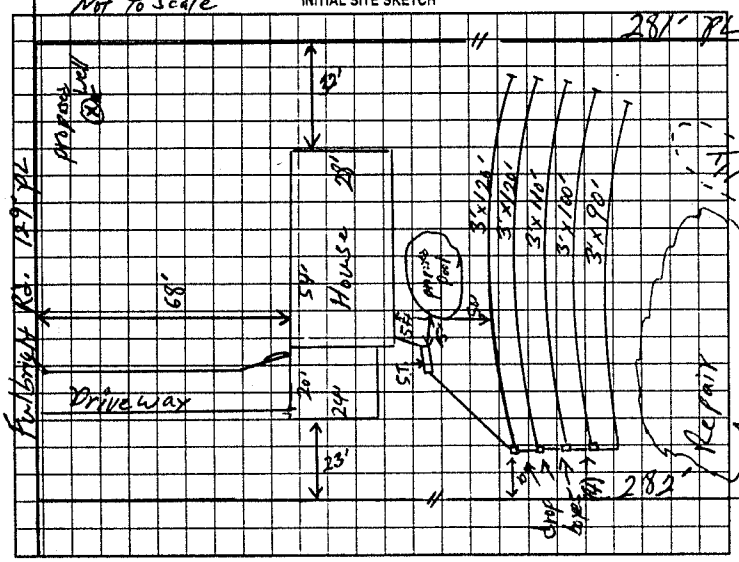
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

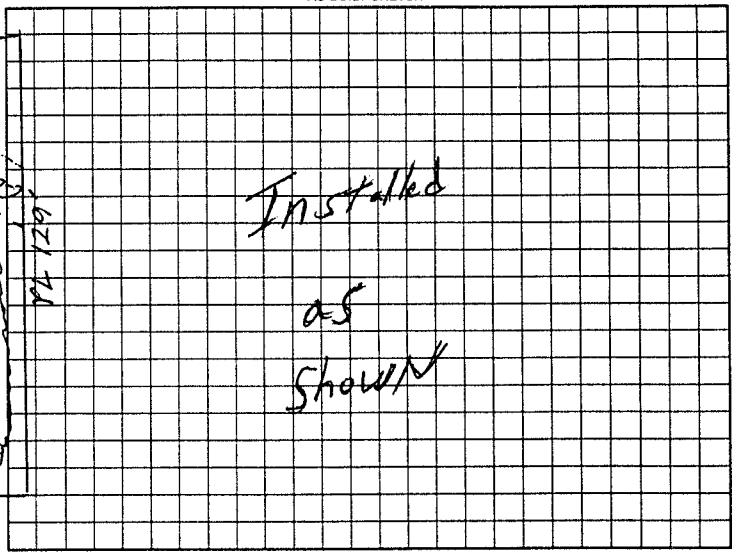
Comments:/Conditions: ① Keep well 100Ft from Septic System ② Maintain proper Setbacks 10Ft from PL, 15Ft from Swimming Pool etc ③ Install Lines on contour ④ Do not Install when wet !!

Comments:/Conditions: - poly lok filter Installed - Septic Tank Marker Installed

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: Tracy Gibson date 11/5/01 Installed by: James Hunter

Improvement Permit by: William O. Johnson date 11/9/01 Operation Permit by: William O. Johnson date 1/2/02

Authorization to Construct by: William O. Johnson date 11/9/01 Existing System Inspection by: date

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