This permit voids previously issued permit dated 9/16/03. CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11440 PIN# 3783-56-5973 DATE 10/24/03

OWNER OR CONTRACTOR J.D. Miller PHONE: Business — Home (704) 873-8585

ADDRESS 845 Wendover Road Statesville, N.C. 28677

LOCATION I-40 W, R Sharon School Rd, L Lookout Dam Rd. about 2 miles on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 3.75 Ac. SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons; STB 786 Date 7-25-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Equate 800 Linear Feet 200

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I II III IV V VI

System Description: Gravity, ~~Low Pressure~~ Conventional

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

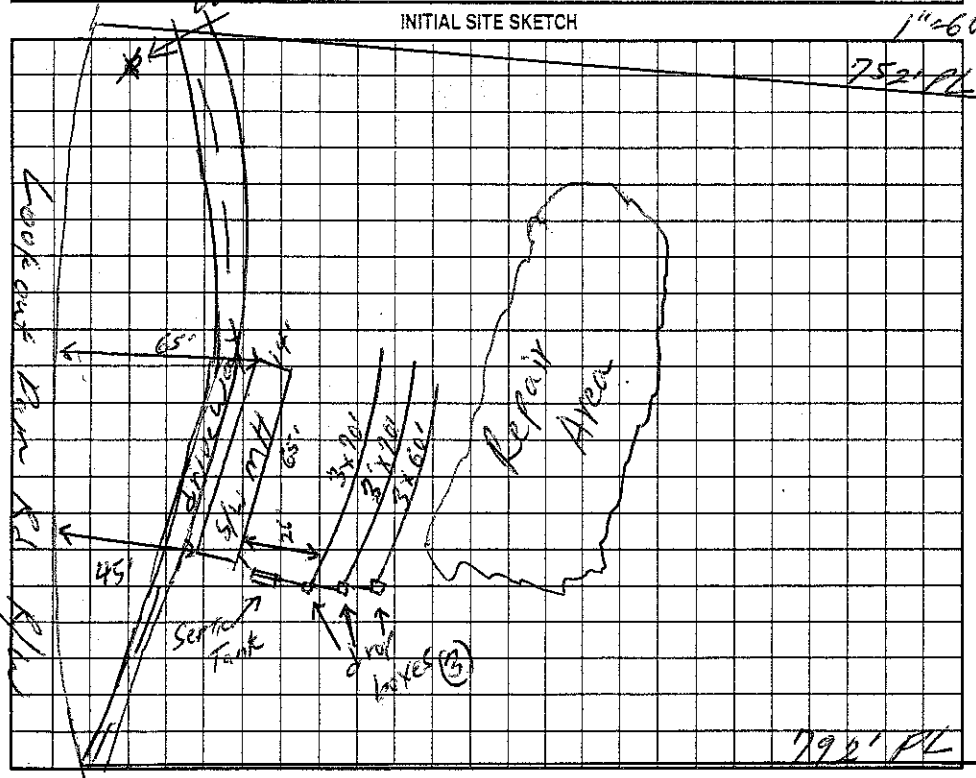
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① Install lines on Contour ② Do Not install when wet ③ Keep well 100' from Septic System.

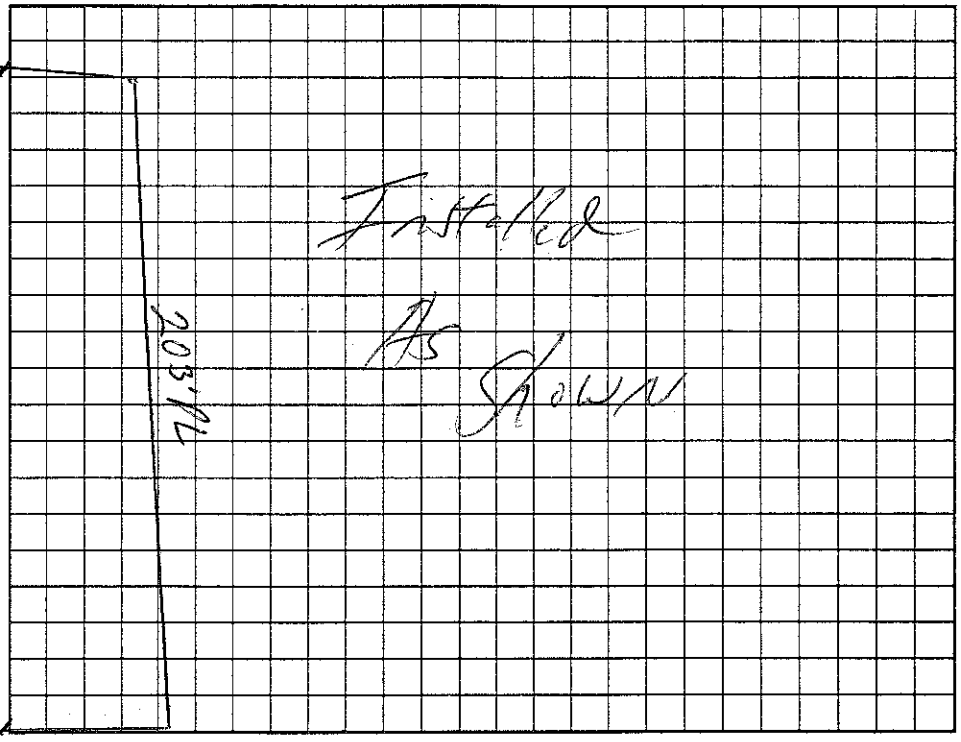
Comments:/Conditions:

Lines OKay. 200 ft E-Z-Lay Installed — poly lok fitter + ST master Installed @ 90, 70, +40 ft Lines - Lengths

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: J.D. Miller date 10/24/03 Installed by: Boyd Fenhour

Improvement Permit by: William O. Johnson date 10/24/03 Operation Permit by: William O. Johnson date 11/3/03

Authorization to Construct by: William O. Johnson date 10/24/03 Existing System Inspection by: ____ date ____

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