IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91633 PIN# 3784 55 0919 DATE 9/6/00

OWNER OR CONTRACTOR Donald Dietz PHONE: Business _____ Home 876-4925

ADDRESS 681 Turnersburg Hwy Statesville NC 28625

LOCATION 40W, R Sharon School Rd, 1 mile past school on Lt.

SUBDIVISION _____ BLOCK / SECTION — LOT _____ LOT AREA 2.03 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1612 Date 8/21/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

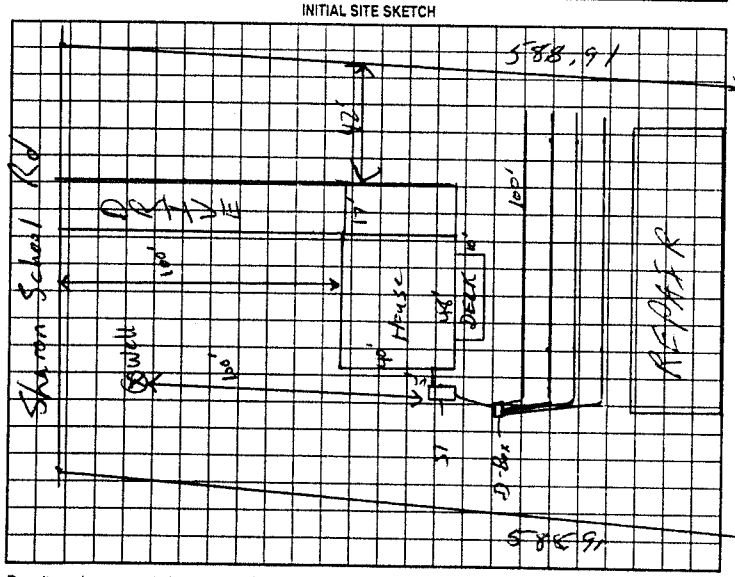
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community

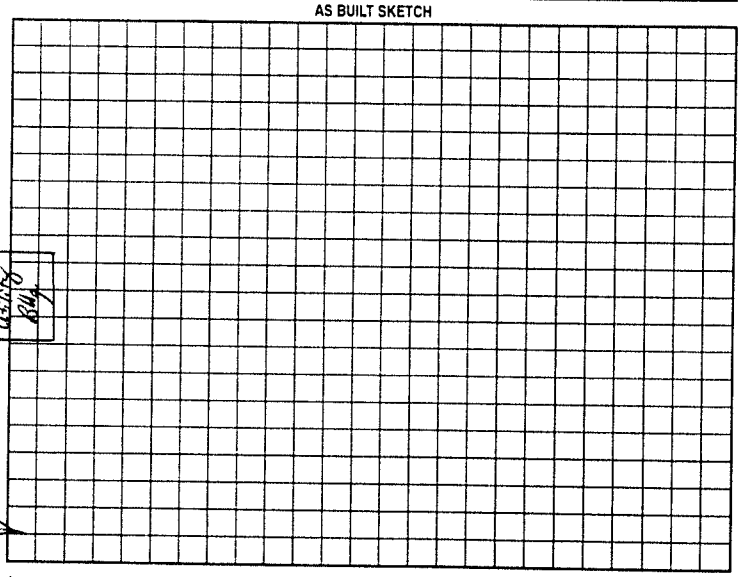
Comments:/Conditions: Install Lines on contour - Remove any Terraces - Keep well 100' from Septic System.

Comments:/Conditions.

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: Jacqueline Smith date 9-6-00

Improvement Permit by: RSE date 9/6/00

Authorization to Construct by: RSE date 9/6/00

Installed by: Jeff Hurlbut

Operation Permit by: RSE date 10/5/00

Existing System Inspection by: _____ date _____

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