IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095442 PIN# 3789913188 DATE 4/24/01

OWNER OR CONTRACTOR Dana Gamble PHONE: Business — Home (704) 838-0559

ADDRESS 149 Greenwood Drive Statesville NC 28625

LOCATION I-40 to Dam School Rd, R Statesville Ford Rd, R on Greenwood

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA Acre SITE CLASS R5 DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: Existing 1,000 Gallons; STB 1012 Date 11-7-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Existing Gravity, Conventional

Repair System Description Gravity, Conventional

Maintenance Agreement Required Yes X No

Slab X Crawl Space Basement w/plumbing Basement w/o plumbing

X House/Mod. Home X Mobile Home Business Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

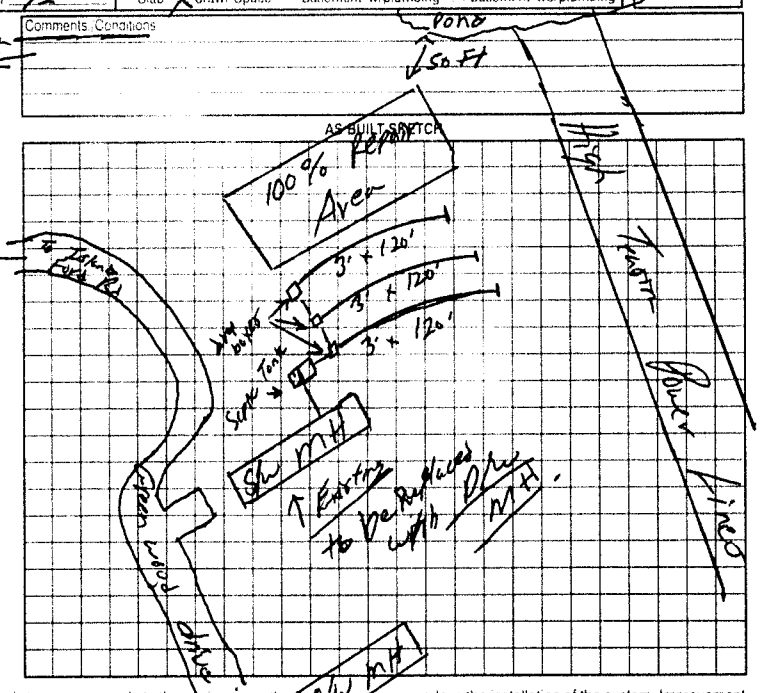
Water Supply: X Individual ☐ Public ☐ Community

Comments /Conditions: System working properly @ time of Inspection. Keep Home Min. 5ft From Septic Tank. Do not locate new House back From existing Sw House.

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 siteplan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed X Dana Gamble Michelle E Gamble date 4/24/01 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William O. Johnson date 4/24/01

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