IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104787 PIN# 3785-57-0333 DATE 2/26/02

OWNER OR CONTRACTOR Charles D. Payne (At Mobile Home) PHONE: Business (704) 873-7014 Home

ADDRESS 442 County Line Road Statesville N.C. 28677

LOCATION I-40W, (R) Shanda School Rd., (R) County Line Road, on Right offroad before Tott Drive

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA Acres SITE CLASS. PS DESIGN FLOW PS L.T.A.R. .30

Septic Tank: 4000 Gallons: STB 1012 Date 11-12-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 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 Convent
Repair System Description: Gravity Convention
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

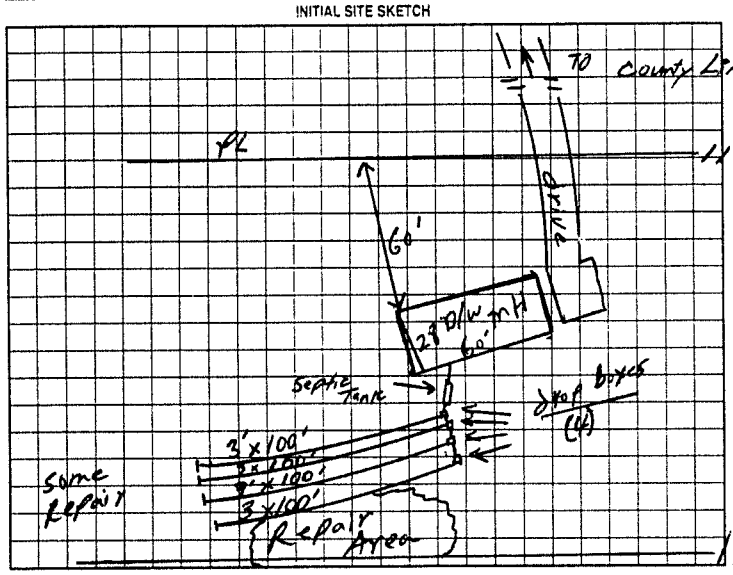
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

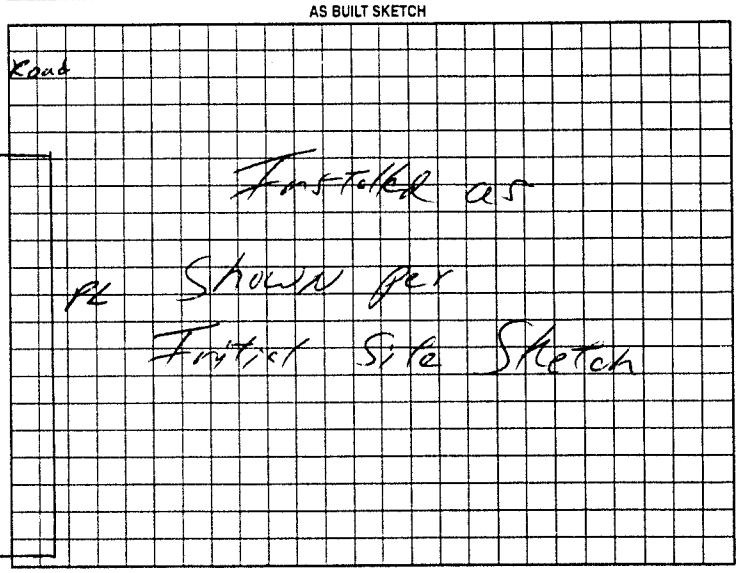
Comments:/Conditions: (1) Install lines on contour (2) maintain proper set backs

Comments:/Conditions
- Poly Lok Filter Installed
- S.T. 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: [signature] date

Installed by: Mitchell Grading Co

Improvement Permit by: William O. Johnson date 2/26/02

Operation Permit by: William O. Johnson date 3/28/02

Authorization to Construct by: William O. Johnson date 2/26/02

Existing System Inspection by: date

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