IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92752 PIN# 3785696341 DATE 11/8/00

OWNER OR CONTRACTOR Erika Simmons PHONE: Business _____ Home (704) 832-4551

ADDRESS 287 A Meuller Cir Statesville NC 28625

LOCATION Old Mtn. L County Line, on Lt before Flight Dr.

SUBDIVISION Victoria's LOMK BLOCK / SECTION — LOT 1 LOT AREA 0.48 AC. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB 760 Date 7-23-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' 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: Gravity / Pump 25% Red
Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12"

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

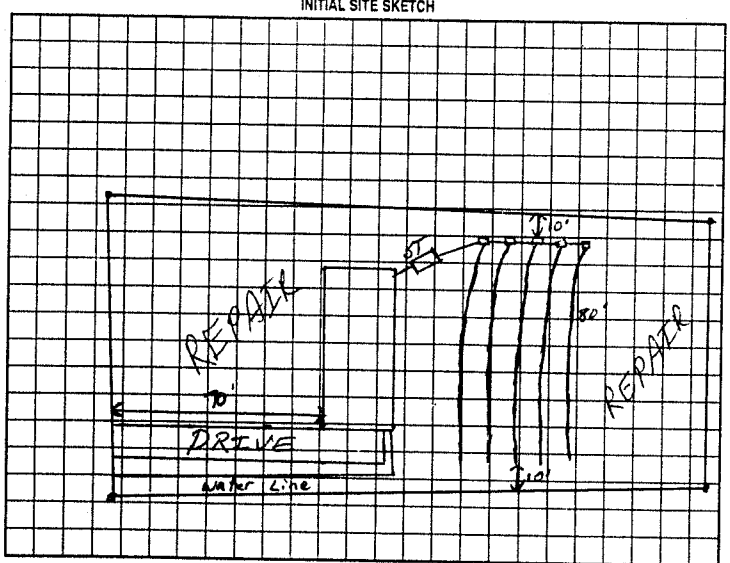
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions: Filter 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: Erika Simmons date 11/8/00 Installed by: Lackey Backhoe

Improvement Permit by: G. McMurry RSI date 11/8/00 Operation Permit by: G. McMurry RSI date 12/1/100

Authorization to Construct by: G. McMurry RSI date 11/8/00 Existing System Inspection by: _____ date _____

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