CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113157 PIN# 3796-00-~~8678~~ 8602 DATE 6/18/03

OWNER OR CONTRACTOR Statesville Housing Center Inc. PHONE: Business (704) 924-9393 Home —

ADDRESS 115 More head Rd Statesville N.C. 28677

LOCATION I-40 W @ Old NN Rd, @ Cain Rd, 1st lot on left

SUBDIVISION Cain Rd BLOCK / SECTION — LOT 1 LOT AREA .0500 Ac. SITE CLASS. PT DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB S-23-03 Date 1007

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4@25 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity, 25% Reduction

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

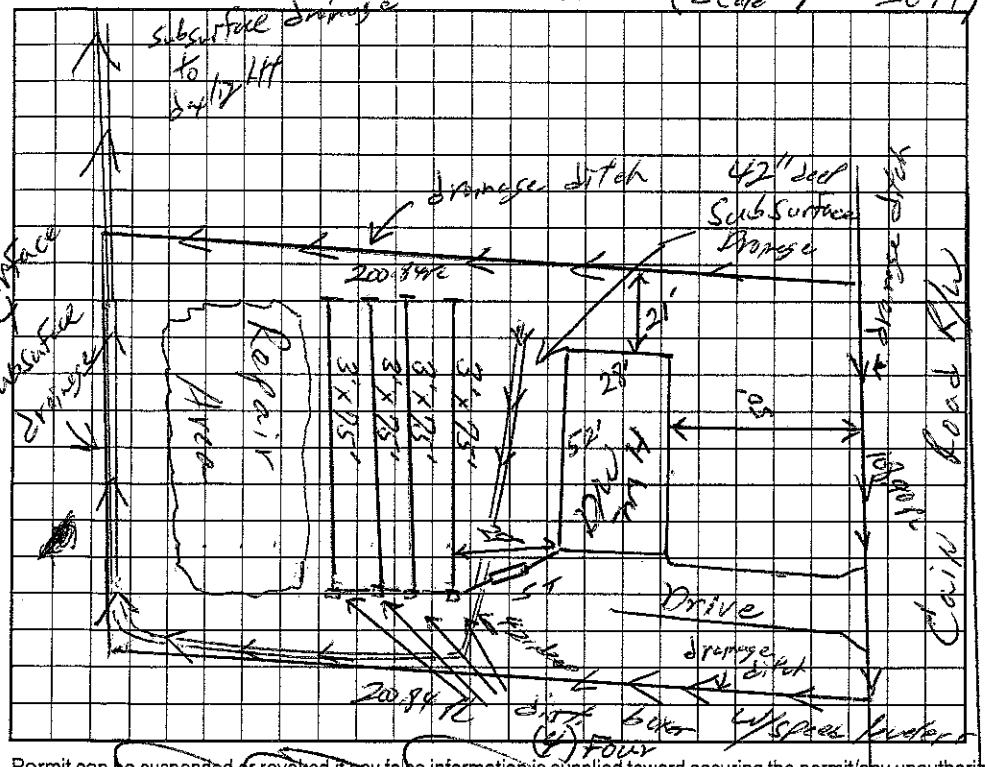
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Maintain proper Setbacks ② Install Subsurface drain 42" deep to daylight as shown ③ Install & maintain surface drainage around fill

Comments:/Conditions: Pd 10K Filter + St Marker Installed

INITIAL SITE SKETCH (Scale 1" = 50 FT)



AS BUILT SKETCH

Installed As Shown Per Initial Site 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: _____ date 6/20/03 Installed by: Tommy Cothren & Son

Improvement Permit by: William O. Johnson date 6/18/03 Operation Permit by: William O. Johnson date 7/2/03

Authorization to Construct by: William O. Johnson date 6/18/03 Existing System Inspection by: _____ date _____

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