IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114925 PIN# 3796-95-2347 DATE 8-25-03

OWNER OR CONTRACTOR Whitecroft Properties PHONE: Business (704) 763-4481 Home —

ADDRESS 5551 Monroe Road Charlotte NC 28212

LOCATION Hwy 64 west @ E. Lucky Farm Rd, @ Chem B/4 on @ Street Chevy @ River Oaks on Left

SUBDIVISION Fieldcroft BLOCK / SECTION — LOT 7 LOT AREA 1.490 Ac. SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 312 Date 9-21-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 84 to 1200 Linear Feet 300
No Lines 4@25 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

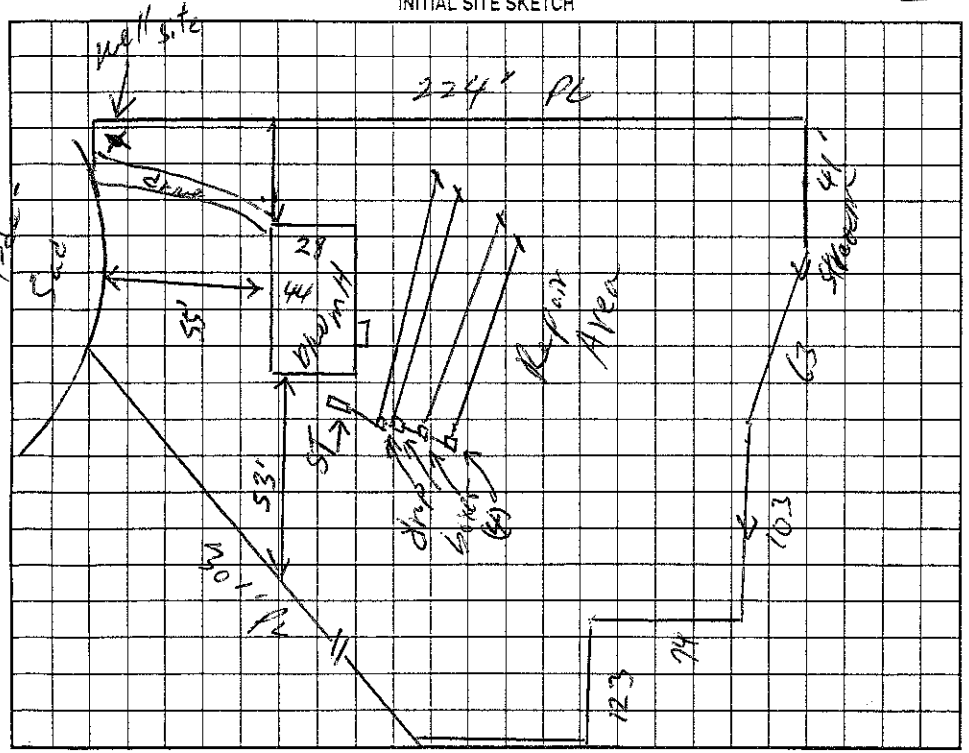
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
well

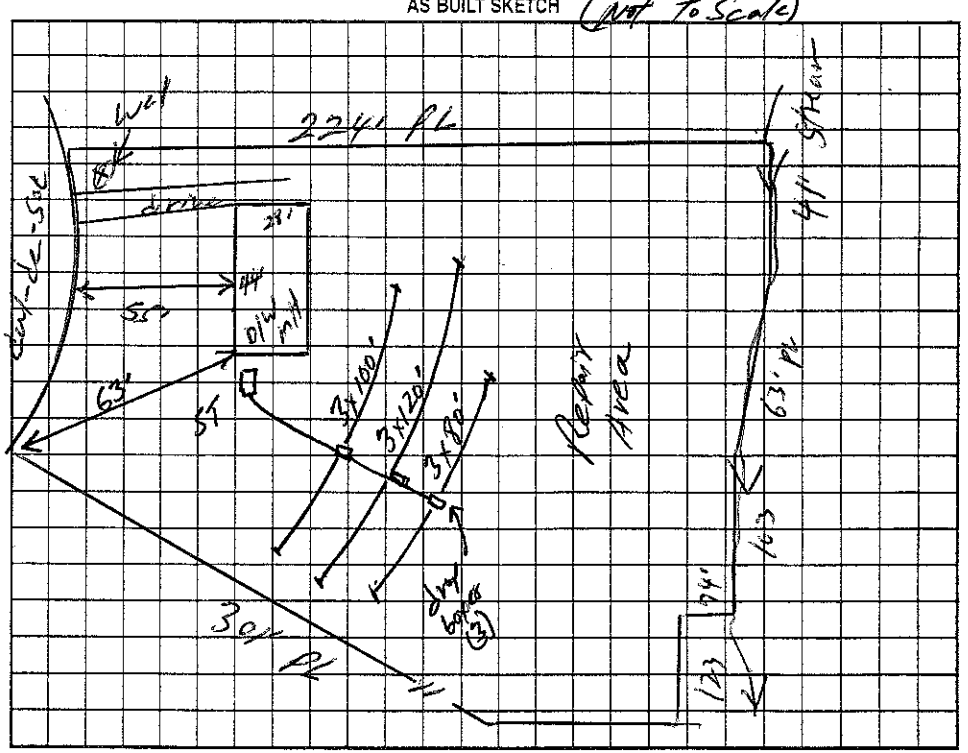
Comments/Conditions: ① Install liner on contour ② Mention proper setbacks ③ Call Health Dept for Fly-out of System prior to Installation.

Comments/Conditions:
-48 Infiltrator Chambers Installed
-ST Marker + Zabel Filter Installed

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH (Not to Scale)



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 8-26-03 Installed by: Marty Tucker

Improvement Permit by: [signature] date 8/25/03 Operation Permit by: [signature] date 12/1/03

Authorization to Construct by: [signature] date 9/25/03 Existing System Inspection by: _____ date _____

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