IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108328 PIN# 4626-51-5235 DATE 9/12/02

OWNER OR CONTRACTOR Howard B. Starnes PHONE: Business 704-872-1253 Home

ADDRESS 204 Bradley Farm Rd Statesville NC 28625

LOCATION Brawley Sch TR Chuckwood on Rt before Seagrove

SUBDIVISION Holiday Harbor BLOCK / SECTION LOT 1 LOT AREA ~ 20,000 Ft² SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.7

Septic Tank: 1000 Gallons; STB 1012 Date

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 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity 25% Reduct

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

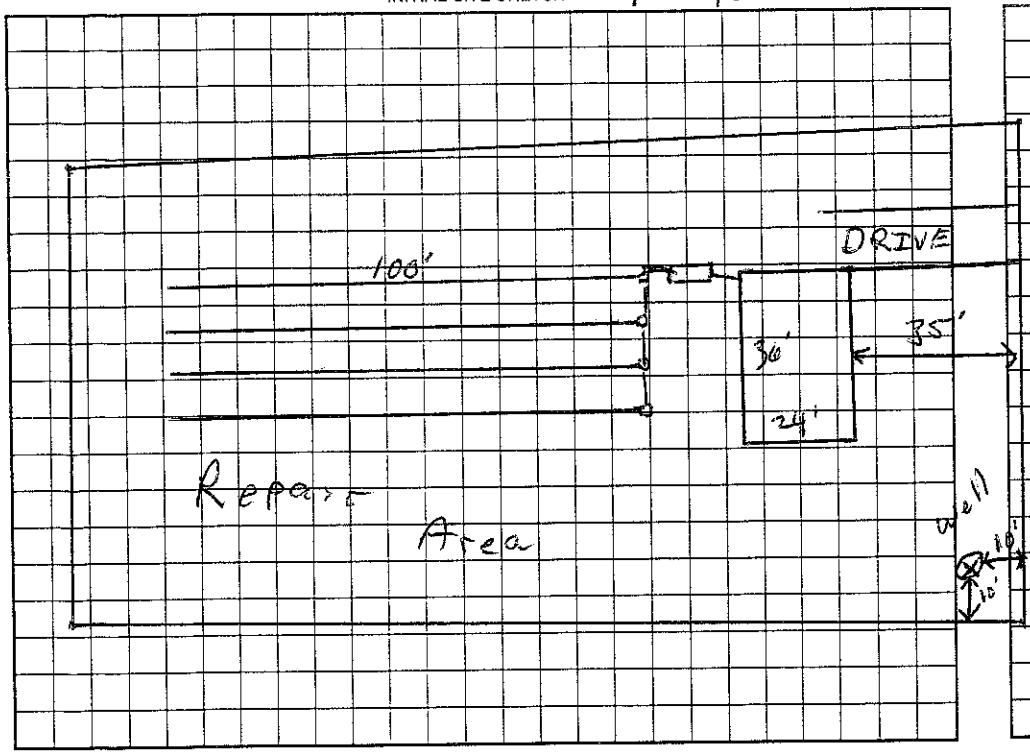
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

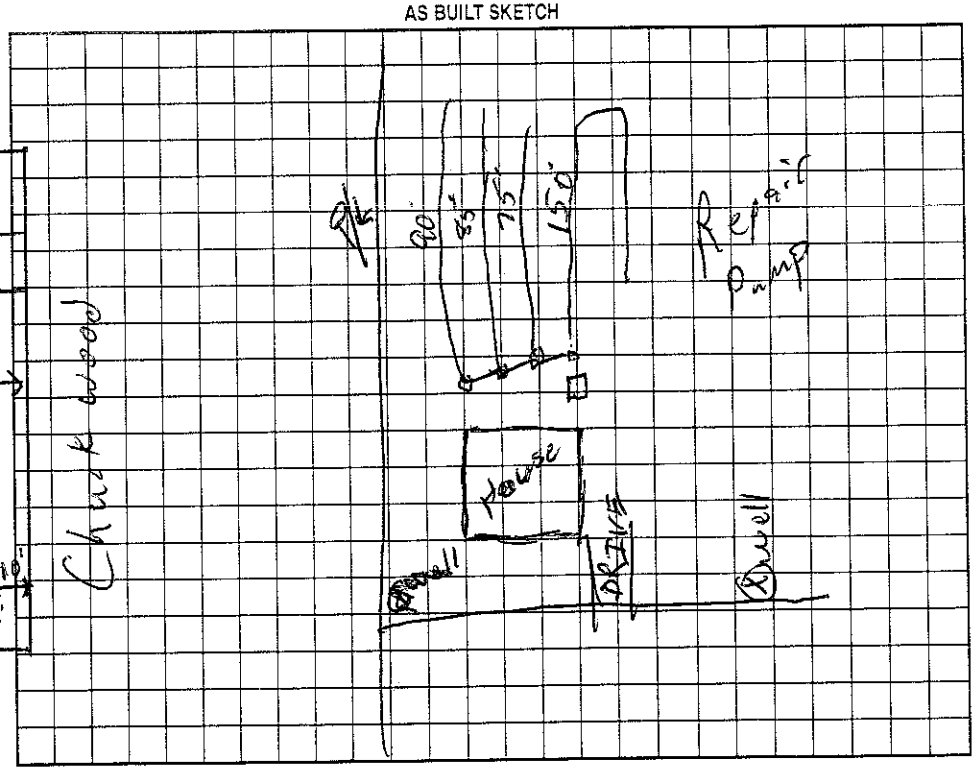
Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 40'



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.

[signature] date 11/20/02 Installed by: Stan Jordan

Permit by: [signature] RS date 9/12/02 Operation Permit by: [signature] RS date 4/28/03

Construct by: [signature] RS date 9/12/02 Existing System Inspection by: date

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