IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]VILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 067759 PIN# ~~4627 91 2797~~ 4627-92-1652 DATE 4/16/03

OWNER OR CONTRACTOR Jackie Miller / ROBERT THORNE / HLH ENTERPRISES PHONE: Business _____ Home 704-872-3272

ADDRESS PO Box 1335 Statesville, NC. 28687

LOCATION 1100 TR Blume Rd TL Beaten Path TL Dobbin Ct. 4th lot on (L)

SUBDIVISION Shoreline Bluff BLOCK / SECTION 2 LOT 153 LOT AREA .88 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 1011 Date 6/21/05
Pump Tank: 1500 Gallons; PT 199 Date 3/21/05
Pump Make: Bowles Model W50-712H Serial No. 5/2/05
Nitrification Field: No Fields 1 Square Feet 680 Linear Feet 340
No Lines 4 Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth NA

[X] New System [ ] Repair System Type: I, II, III, (IV) V, VI
System Description: LP - PPBPS
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

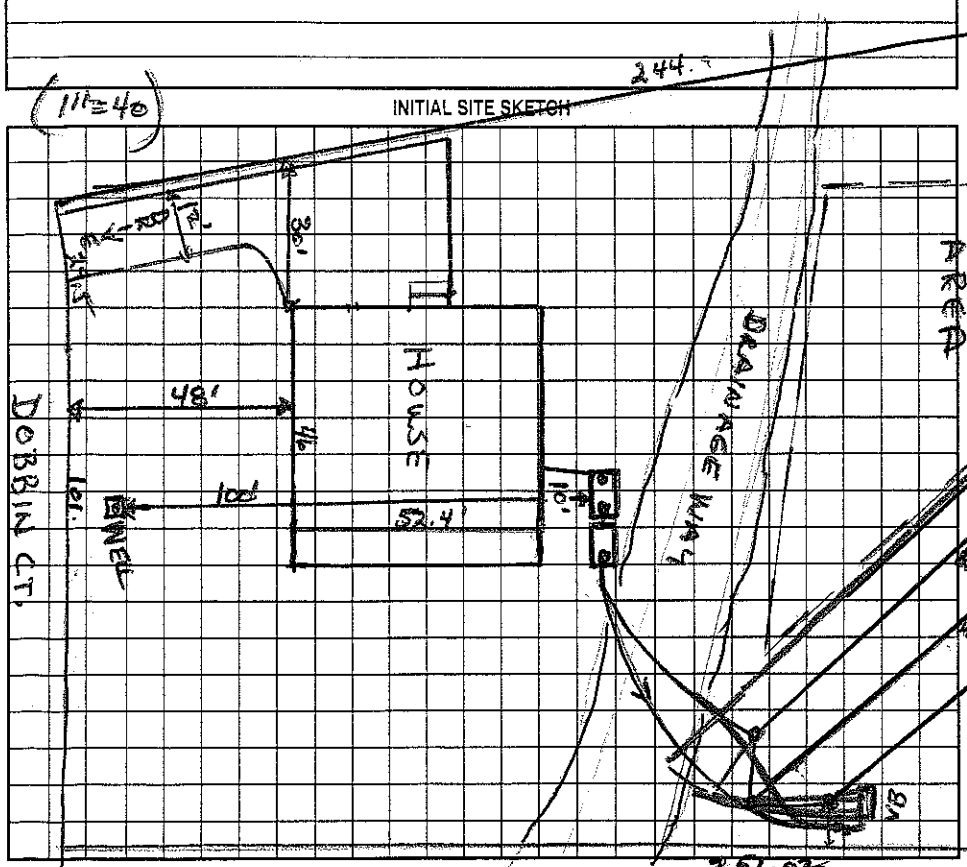
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 5 No. Bathrooms 3 No. Employees ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

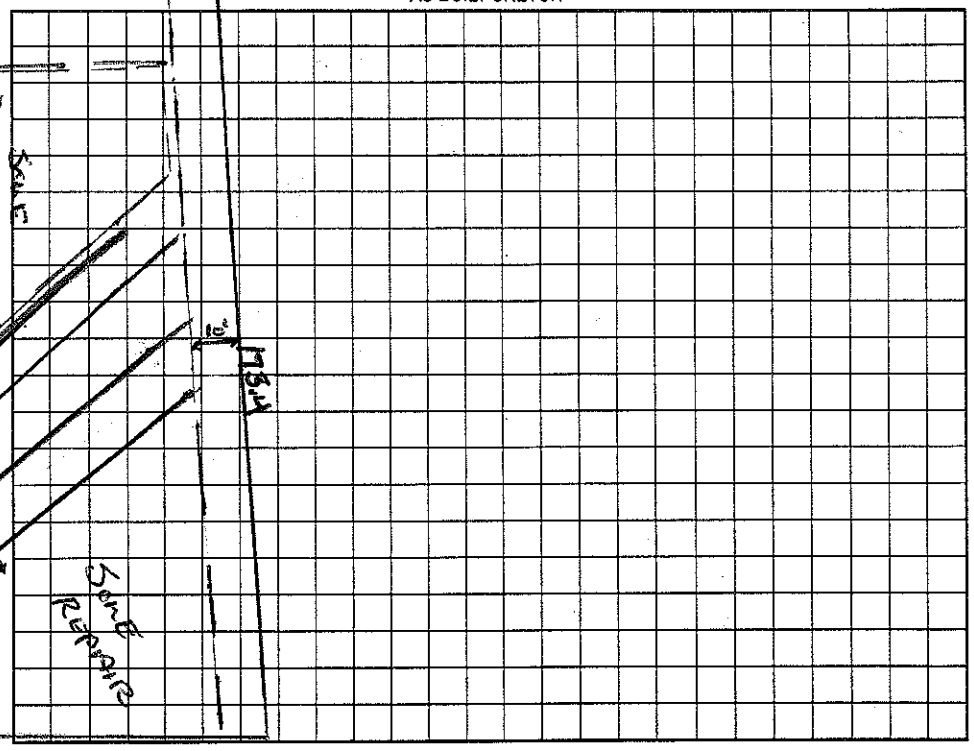
Comments:/Conditions:

Comments:/Conditions: Trees, bushes

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: Jackie Miller date 5/8/03 Installed by: A-1

Improvement Permit by: Wade Sparks R.S. date 4/16/03 Operation Permit by: Judy Melville date 6-8-06

Authorization to Construct by: Wade Sparks R.S. date 4/16/03 Existing System Inspection by: _____ date _____

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