IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 180.00 Paid 2.00 MOORESVILLE 704-664-5281

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

PERMIT# 109706 PIN# 4637244747 DATE 11-19-2002

OWNER OR CONTRACTOR Tony Arrell PHONE: Business 336 752-2114 Home Builder Spencer Lane (704) 633-4005

ADDRESS 9827 S.J NC 150 Linwood, NC 27299 #177

LOCATION Hwy 150 west TL McCrary (Lumber Depot) Take to end TL Riverwood 3rd drive on right

SUBDIVISION Old T BLOCK / SECTION 10 LOT 56 LOT AREA SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1-3-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity ± 25% Reduction
Repair System Description: Dedded prior to 1983
Maintenance Agreement Required: ☐ Yes X No

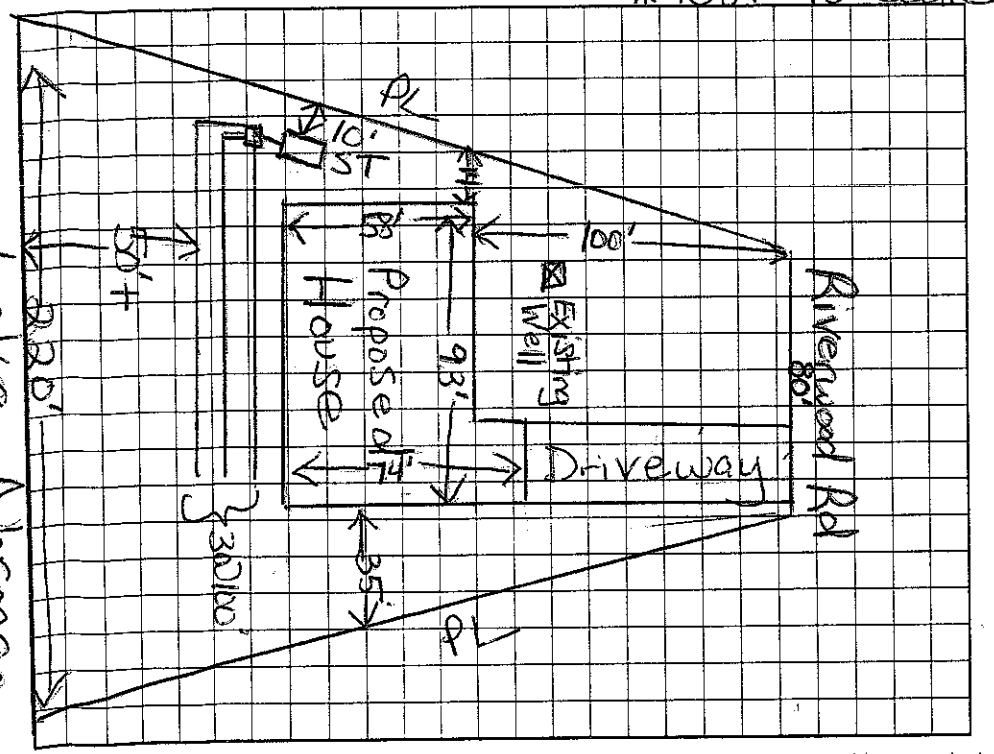
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 50' from lake & at least 50' from any well.

Comments:/Conditions: ± 25% Reduction = Plastic Chambers or EZ Flow Blue Filter installed Must "properly abandon" old Septic System.

INITIAL SITE SKETCH * Not to Scale



AS BUILT SKETCH

Installed Plastic Chambers for Drainfield Installed as Drawn (Encounted a bit of old drainfield at end of upper line)

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] RS date 11/20/02 Installed by: Ronnie Pryse RS

Improvement Permit by: Maria H. Dobson RS date 11/19/02 Operation Permit by: Maria H. Dobson RS date 5/1/03

Authorization to Construct by: Maria H. Dobson RS date 11/19/02 Existing System Inspection by: date

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

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IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23294 DATE 3/26/96 TAX MAP NO. 2P 3A 56 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Tony Ray O'neill PHONE: Business _____ Home 528-9449

ADDRESS 177 Riverwood Rd. Mooresville NC. 28115

LOCATION 150 N TL on W/S Craig TL Riverwood Rd. to #177 on R Riverwood - 1168W 1225

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Existg SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existg Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existg Sys Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: X Individual ☐ Community ☐ Public

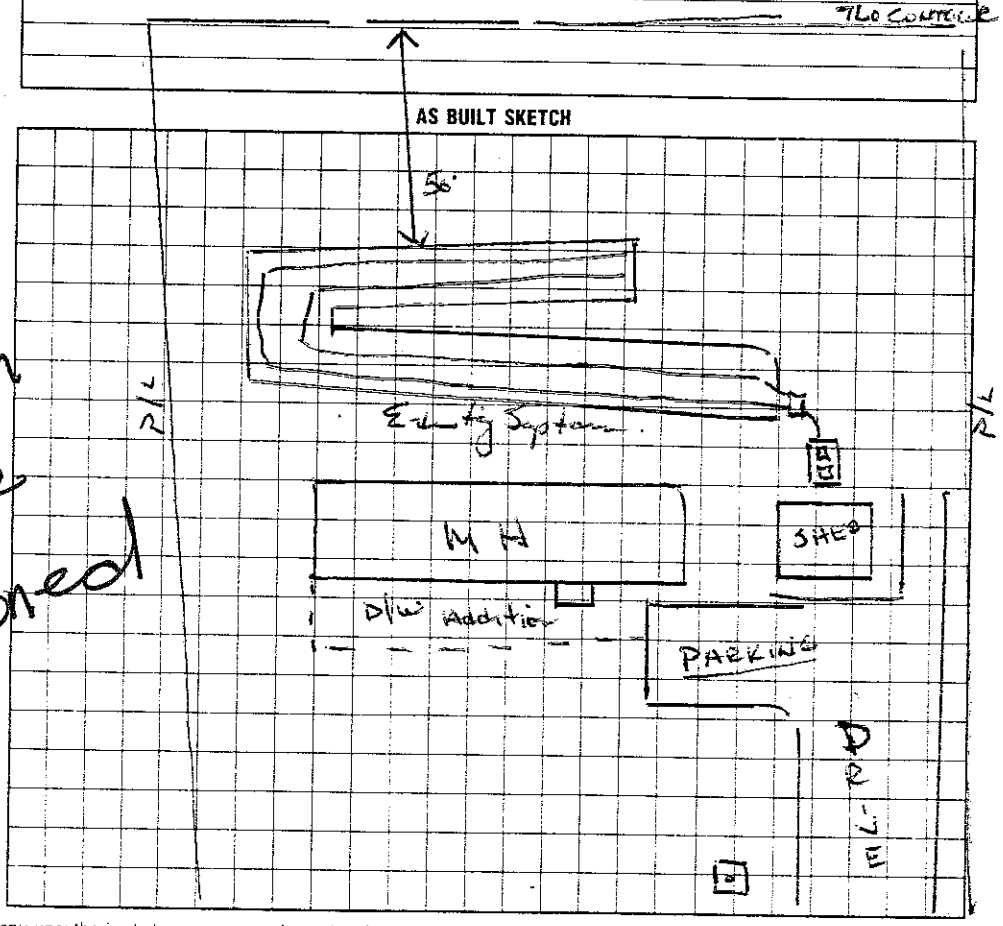
Comments:

Comments: LN

INITIAL SITE SKETCH

Old Septic System to be Abandoned

AS BUILT SKETCH



I understand that this 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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: C Wesley Sparks RS date 3/26/96

Operation Permit by: _____ date _____

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