3:30 ~~4:00~~

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076481 PIN# 4648451191 DATE 10/9/98

OWNER OR CONTRACTOR Milestone Builders PHONE: Business (704) 875-8481 Home 361-1061

ADDRESS P.O. Box 1066 Huntersville NC 28070

LOCATION 150 W. TR Bluefield Tc Big Indian Loop 1st Rt ~1/2 mile on left

SUBDIVISION Indian Hills BLOCK / SECTION ____ LOT 19 LOT AREA .89 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 6/21/99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4 of 75 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 Grav/Pump - Modified
Maintenance Agreement Required: [ ] Yes [X] No

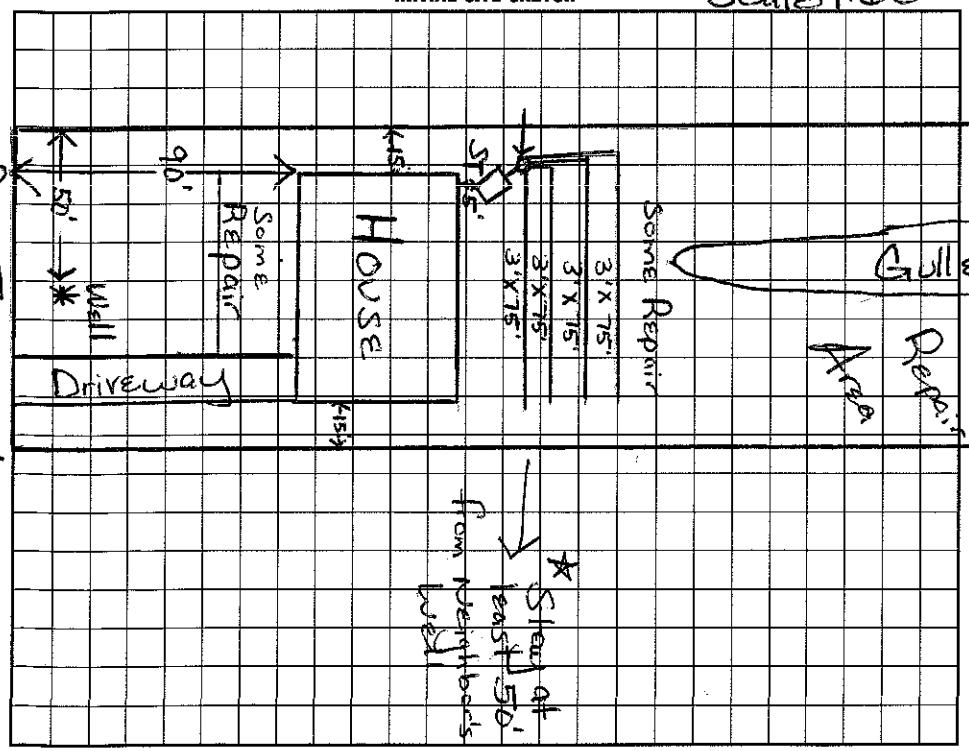
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from House & 50' from well & all other wells.

Comments:/Conditions: Well installed.

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH

System Installed as Drawn

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. 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: Donald E Peden date ____

Improvement Permit by: Maina H H Colson R.S. date 10/13/98

Authorization to Construct by: Maina H H Colson date 10/13/98

Installed by: Wayne Glontz

Operation Permit by: Maina H H Colson R.S. date 8/12/99

Existing System Inspection by: ____ date ____

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