IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094076 PIN# ~~4678085349 PT~~ 4698 08 5488 DATE 2/6/2001

OWNER OR CONTRACTOR Michele McGuire PHONE: Business 450-7730 Home 528-9948

ADDRESS 139 Autumn Leaf Rd Statesville NC 28677

LOCATION Hwy 150 E TL Hwy 801 TL Wallaces Grant Rd behind 1st MH on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 Acre SITE CLASS. — DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB — Date 5/23/01

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480'+

No Lines 6 at 80' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

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

System Description: Gravity-Conventional

Repair System Description: Gravity-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

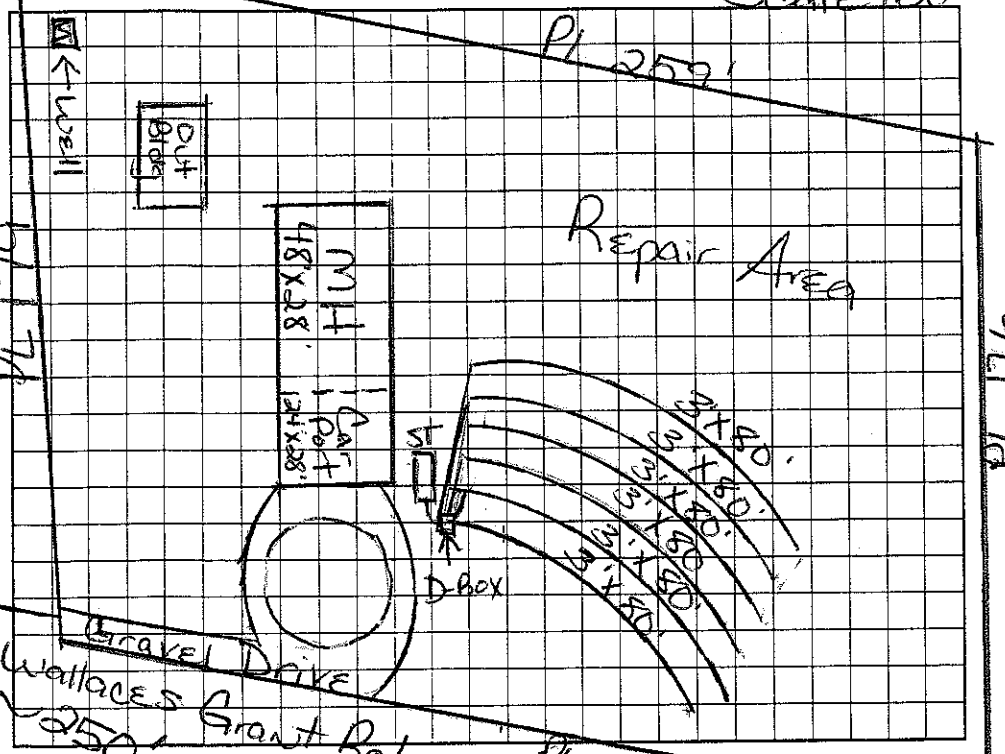
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

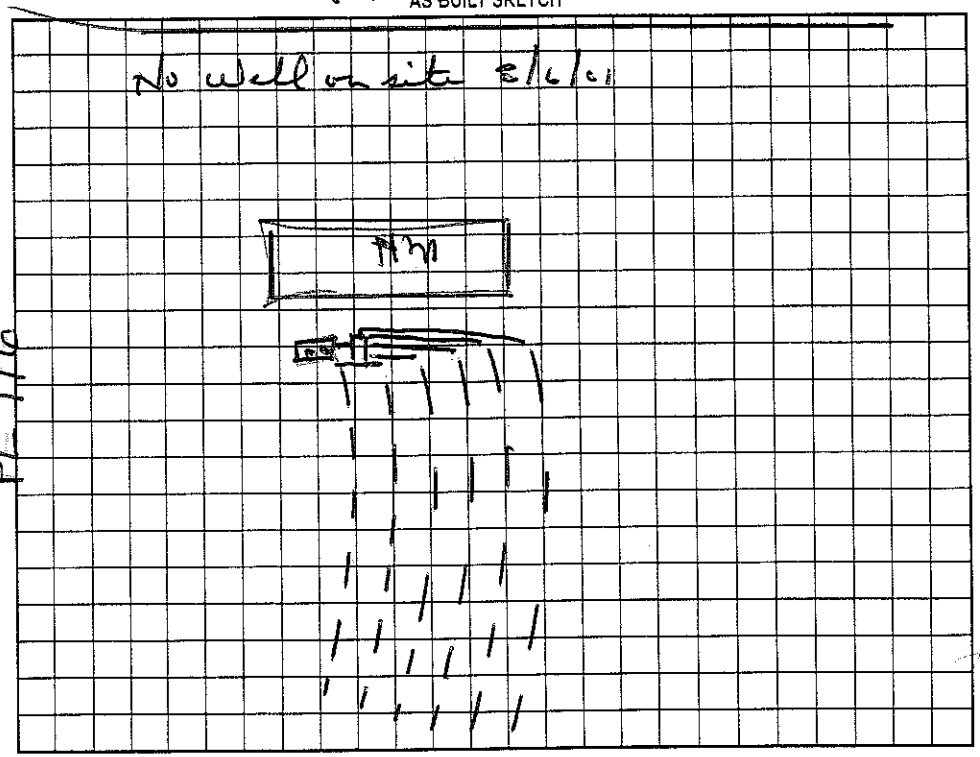
Comments:/Conditions: Keep Septic System at least 10' From PL, 5' From House & at least 50' from any well.

Comments:/Conditions: ~~A~~ Divert Storm/Surface Water around Drainfield (away from)

INITIAL SITE SKETCH Scale 1:50



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: Michele McGuire date 2/13/01 Installed by: Leatherman

Improvement Permit by: Maria H. Watson RS date 2/6/2001 Operation Permit by: Wesley Sparks RS. date 8/7/01

Authorization to Construct by: Maria H. Watson RS date 2/6/2001 Existing System Inspection by: — date —

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