IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115085 PIN# 4702-45-7467 DATE 8-21-03

OWNER OR CONTRACTOR Grace M. Summers PHONE: Business — Home (704) 878-6770

ADDRESS 122 Long Island Road Statesville NC 28677

LOCATION Hwy 70 W, (L) Old Mtn Rd (R) Lewis Ferry Rd (R) Long Island Rd, ¼ mile on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 7.01 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 4000 Gallons; STB 1000 Date 8-6-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equ. to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

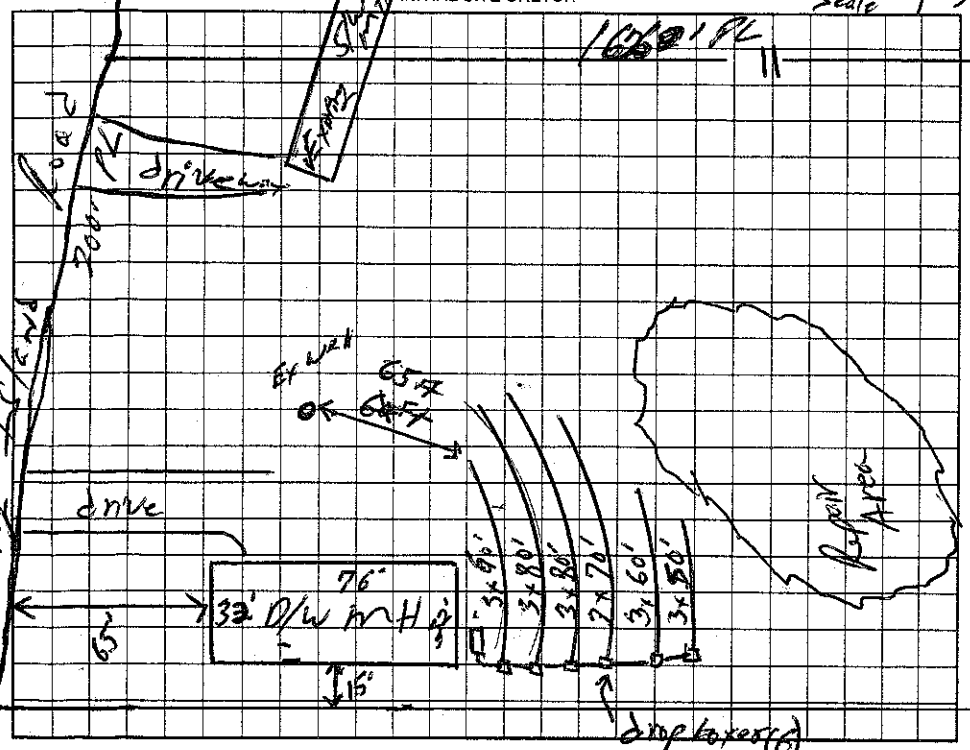
☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

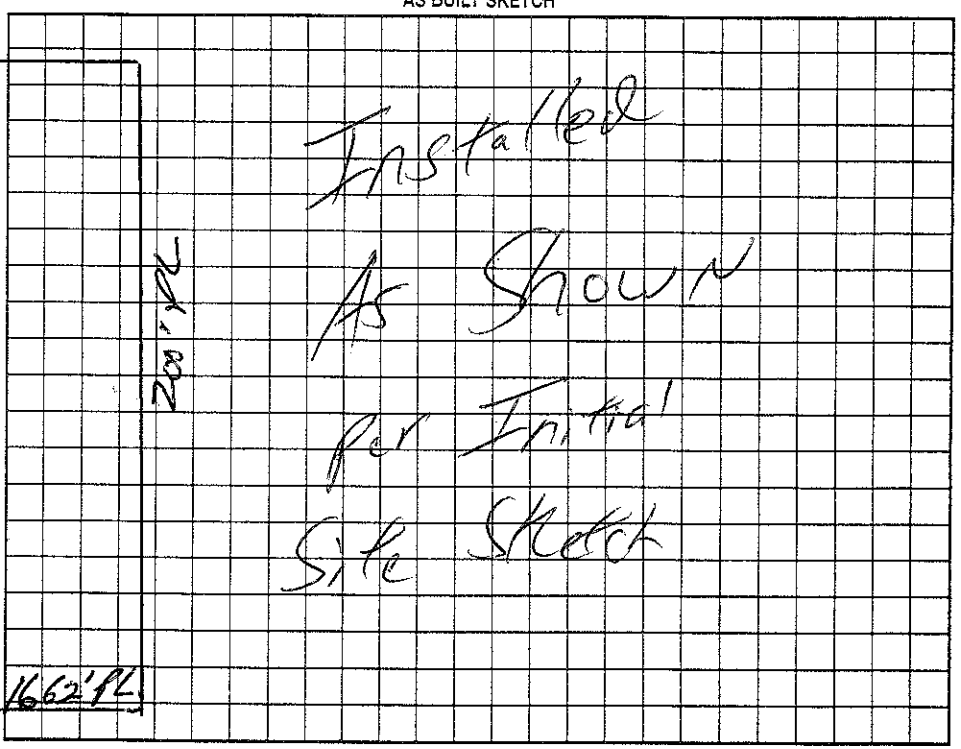
Comments:/Conditions: ① Install lines on Contour ② maintain proper setbacks ③ keep system minimum 60' from well ④ Ex SWMH to be removed from property.

Comments:/Conditions: ST marker + Poly/Loft Filter Installed 40 Section of EZ Lay

INITIAL SITE SKETCH Scale 1" = 60'



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: Michael Mitchell date 8-21-3 Installed by: James Hudler

Improvement Permit by: William O. Johnson date 8/21/03 Operation Permit by: William O. Johnson date 9/24/03

Authorization to Construct by: William O. Johnson date 8/21/03 Existing System Inspection by: ____ date ____

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