IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093889 PIN# 4702 85 5081 (pt) DATE 2-21-01

OWNER OR CONTRACTOR Rosa Otterstedt / Eufola Road Properties PHONE: Business 872-8654 Home

ADDRESS 109 Desiree Dr. Statesville, N.C. 28677

LOCATION From Traditions Old Mtn Rd. TL Celeste-Eufola TR Eufola ~¼ mile TL Desiree Dr. AT END

SUBDIVISION Shenandoah BLOCK / SECTION LOT 11 LOT AREA 3.304 Ac. SITE CLASS RS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 354 Date 7-23-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534'
No Lines 4 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☑ Mobile Home MODULAR No. Bathrooms 3
☐ Business No. Employees
☐ Other

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: – S.T. Marker
– Poly/OK Filter Installed
– Length of Lines
127, 127, 140, 140 = 534 Ft.

INITIAL SITE SKETCH

SEE ATTACHMENT

AS BUILT SKETCH

Installed as per Attachment

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: Rosa Otterstedt date 2-22-01

Improvement Permit by: [signature] date 2-21-01

Authorization to Construct by: William O. Johnson date 3-27-02

Installed by: C+M Enterprises

Operation Permit by: William O. Johnson date 4/3/02

Existing System Inspection by: date

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