IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106492 PIN# 4703-93-1011 DATE 6/12/02

OWNER OR CONTRACTOR Quail Hollow Bldg PHONE: Business — Home (704) 528-0598

ADDRESS 212 Canal Drive Statesville N.C. 28677

LOCATION I-40 W (L) Old Mtn. Road, (R) Lewis Ferry Road, (R) Grace Lynn Drive (L) Lynn Hollow Drive at End.

SUBDIVISION Three Oaks BLOCK / SECTION — LOT 63 LOT AREA .82Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25gpd/ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 5-15-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@20' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

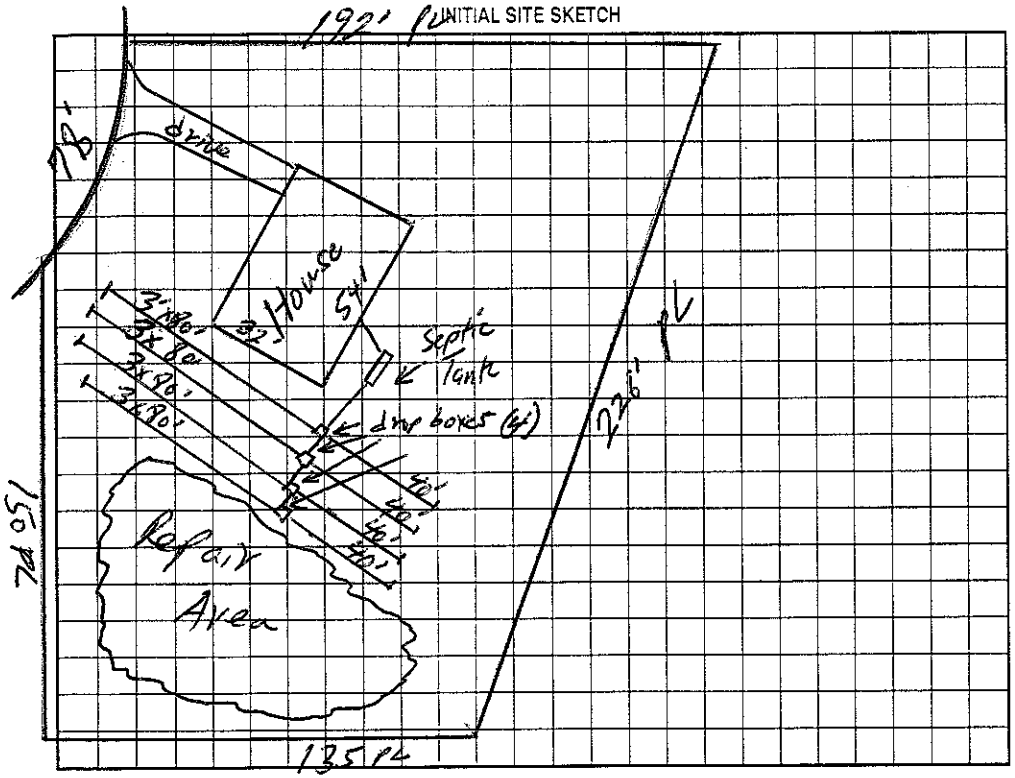
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments/Conditions: (1) Install lines on Contour (2) Do not in Stall when wet

Comments/Conditions: TUFFTITE FILTER + MARLEY INSTALLED AS DRAWN

INITIAL SITE SKETCH



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: [signature] date 6-17-02 Installed by: DALE WINGLER

Improvement Permit by: [signature] date 6/12/02 Operation Permit by: [signature] date 10-19-24

Authorization to Construct by: [signature] date 6/12/02 Existing System Inspection by: ____ date ____

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