IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113276 PIN# 4703-93-4760 DATE 6/26/03

OWNER OR CONTRACTOR Jerry Price PHONE: Business — Home (704) 871-1288

ADDRESS 105 N. Lynn Hollow Drive Statesville, N.C. 28677

LOCATION I-40 W, @ Old Mt. Ed, @ Lewis Ferry Rd, @ or Groveland, @ English Oaks, lot on right

SUBDIVISION Three Oaks BLOCK / SECTION 3 LOT 27 LOT AREA .63 AC SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/SF2

Septic Tank: 4000 Gallons; STB 1012 Date 3-3-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equal to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

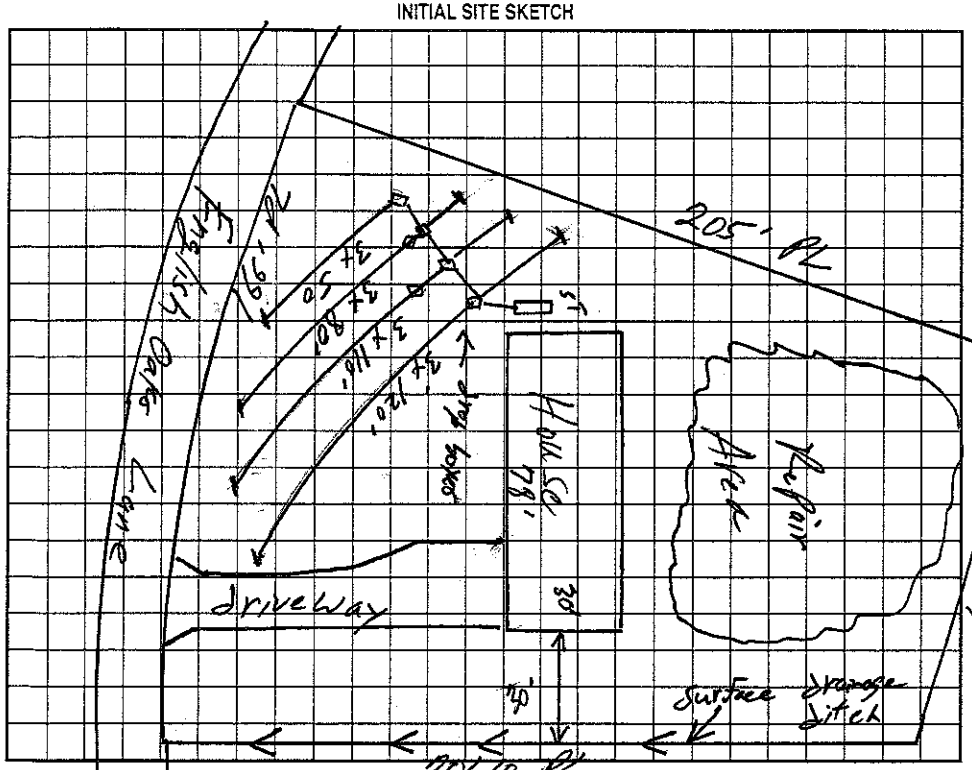
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install lines on contour

Comments:/Conditions:
- Turf-Tite Filter Installed
- 54 marker Installed
- 64 Infiltrator Chambers

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown

per

Initial Site 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: Jerry Price date 6-26-03 Installed by: Dale Wrangler

Improvement Permit by: William O. Johnson date 6/26/03 Operation Permit by: William O. Johnson date 10/17/03

Authorization to Construct by: William O. Johnson date 6/26/03 Existing System Inspection by: ____ date ____

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