IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112185 PIN# 4703-93-5843 DATE 5/2/03

OWNER OR CONTRACTOR Jerry Price PHONE: Business — Home (704) 878-0330

ADDRESS 239 Lewis Ferry Rd Statesville, NC 28677

LOCATION 70W to Old Mocksville Rd. (R) Lewis Ferry Rd, (R) Grace Lynn Dr. English Oaks, property on right

SUBDIVISION Three Oaks BLOCK / SECTION 3 LOT 28 LOT AREA .76 Ac. SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .36

Septic Tank: 1000 Gallons; STB 1012 Date 1-5-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines Six (6) Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

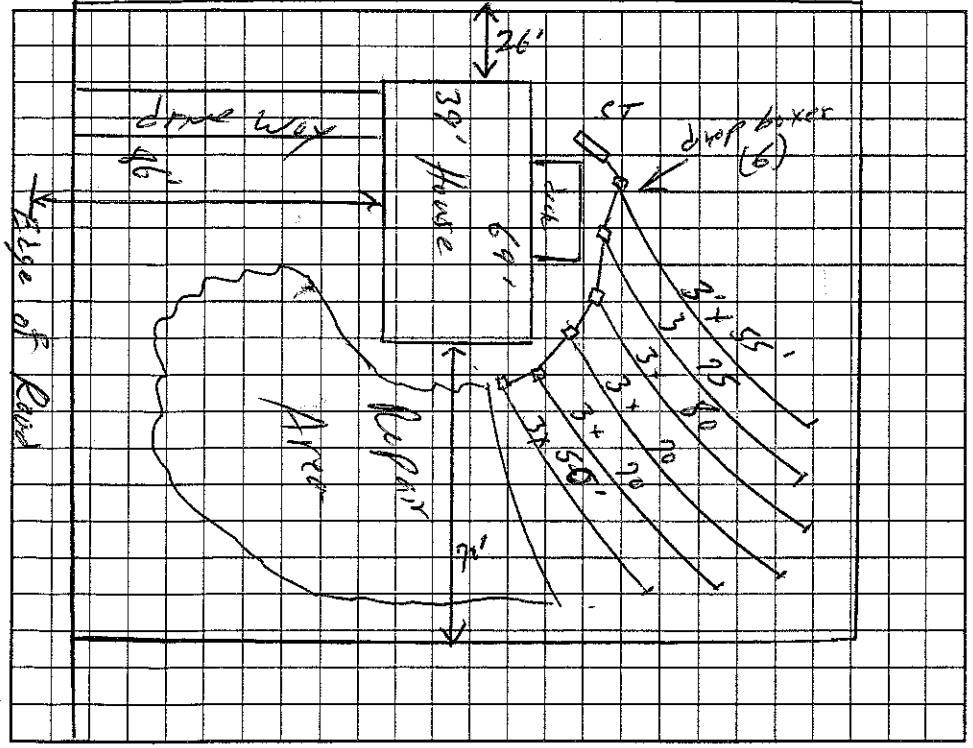
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

(Not to scale)

INITIAL SITE SKETCH



Comments:/Conditions: - Tuff-Tite filter + S.T. marker Installed

AS BUILT SKETCH

Line Lengths
60 Top
73
80
75
65
45 bottom

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 5-2-03 Installed by: Dale Wingler

Improvement Permit by: William O. Johnson date 5/2/03 Operation Permit by: William O. Johnson date 7/16/03

Authorization to Construct by: William O. Johnson date 5/7/03 Existing System Inspection by: ____ date ____

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