IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114003 PIN# 4703-94-1045 DATE 8/5/03

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

ADDRESS 239 Lewis Ferry Rd Statesville NC 28677

LOCATION 7 of (L) off Rd. (R) Lewis Ferry Rd (R) Three Oaks (R) Hidden Oak on Left

SUBDIVISION Three Oaks BLOCK / SECTION 3 LOT 52 & 57 LOT AREA 1.704 Ac SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. 360-30

Septic Tank: 4000 Gallons; STB 1012 Date 7-23-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

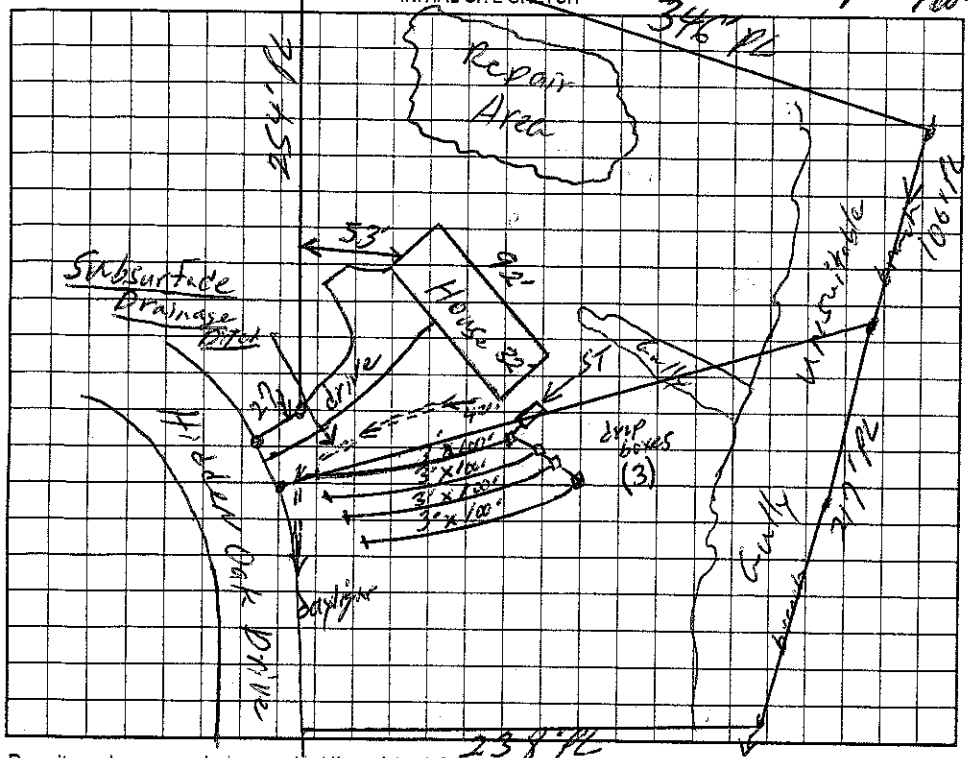
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

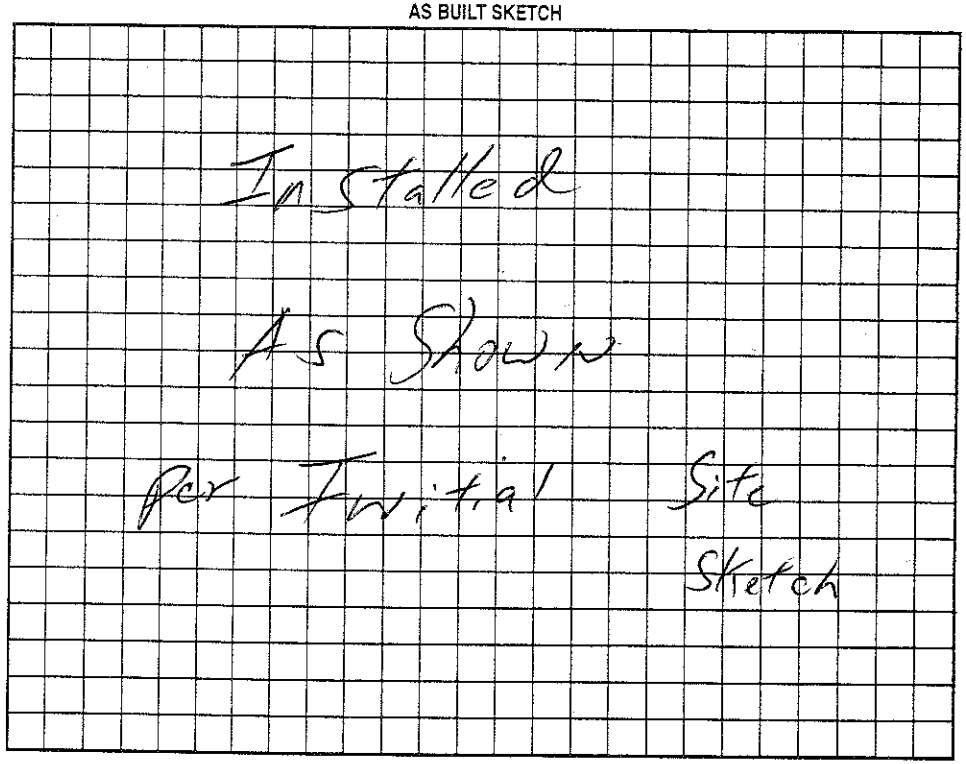
Comments:/Conditions: ① Install Sub Surface drain around Septic System ② maintain proper setbacks ③ Install lines on contour (42" to daylight)

Comments:/Conditions: — Tuff-Tite Filter + ST. Risers Installed — Sub Surface drain installed + covered up before Inspection, looks okay.

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 8-6-03 Installed by: Dale Wingler

Improvement Permit by: William O. Johnson date 8/5/03 Operation Permit by: William O. Johnson date 11/17/05

Authorization to Construct by: William O. Johnson date 8/5/03 Existing System Inspection by: ____ date ____

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