IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) Paid #130.00 MOORESVILLE 704-664-5281

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

PERMIT# 122465 PIN# 4703-94-2545 DATE 7-28-04

OWNER OR CONTRACTOR JERRY PRICE PHONE: Business 704-878-0330 Home 704-902-4355

ADDRESS 239 LEWIS FERRY ROAD STATESVILLE, NC 28677

LOCATION 40 WEST (L) OMR (R) LEWIS FERRY (R) THREE OAKS ON LEFT CORNER OF HOOPER OAK & 3 OAKS

SUBDIVISION THREE OAKS BLOCK / SECTION I LOT 4 LOT AREA .76ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-24-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, [X] IV, V, VI
System Description: 6 DRAW 2540 12 BUILT
Repair System Description: LP 50% 1200
Maintenance Agreement Required: [ ] Yes [X] No

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

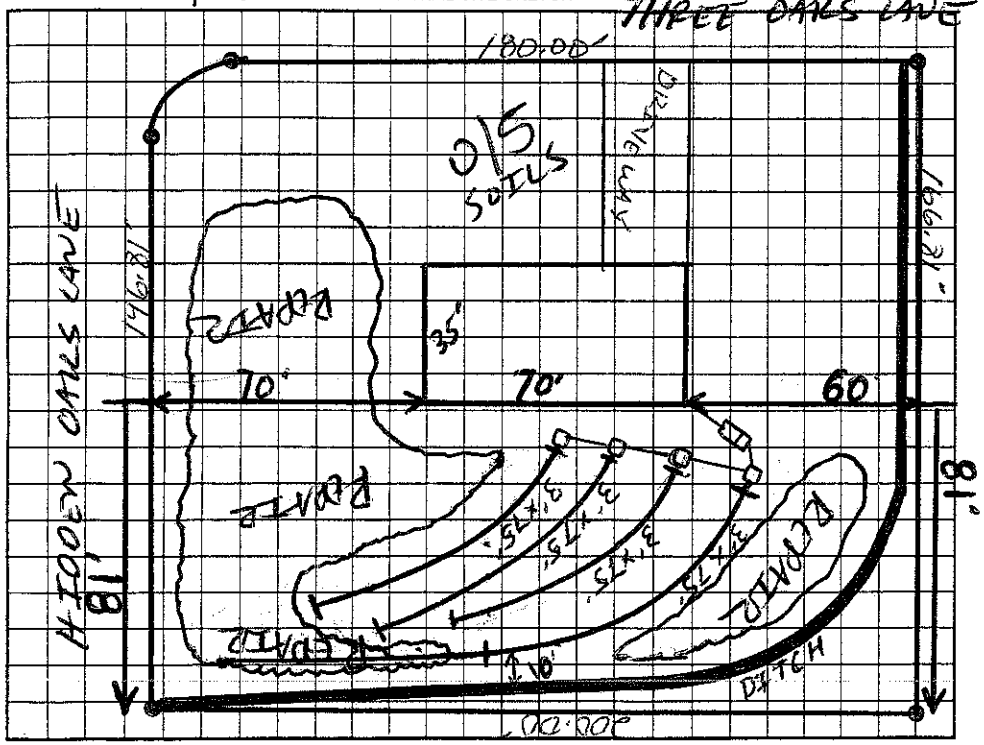
Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: ① CONTOURS WILL HAVE TO BE SMOOTHED OUT TO WHAT IS DRAWN ② MAINTAIN SETBACKS ③ INSTALL LINES ON CONTOURS

Comments/Conditions: TUFF TITE FILTER ANNUALLY
1 = 60' FUTURE REPAIR CAN BE ADDED TO ENDS OF LINES
2 = 65'
3 = 25'
4 = 90'
300'

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN WITH LINE LENGTHS ADJUSTED

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: ____ date ____

Improvement Permit by: [signature] RS date 7-28-04

Authorization to Construct by: [signature] RS date 7-28-04

Installed by: DALE WINKLER

Operation Permit by: [signature] RS date 2-7-05

Existing System Inspection by: ____ date ____

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