IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13642 PIN# 4704-64-5203 DATE 12 June 08

OWNER OR APPLICANT Dr. Jerri Horton Vet. Clinic PHONE: Business [redacted] Home 704 528-7540

ADDRESS 447 Pineville Rd. Statesville, N.C.

LOCATION I-40W TR OLD mtn. Rd. - 2nd Rt. Across from Unit IRedell Lawn & Garden.

SUBDIVISION Summers Basin SUBDIVISION _____ LOT 1 LOT AREA 1.336ac. SITE CLASS PS DESIGN FLOW 615gpd L.T.A.R. 0.3 g/d/ft²

Septic Tank: 1000 Gallons; STB 1013 Date 5-28-03

Perc Tank: 1500 gal Gallons; 538 Date 6-10-03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 2070 Linear Feet 690

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Conventional

Repair System Description: Conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons ___

☐ Business No. Employees 8

☑ Other Vet. clinic

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

Building sq. Footage is 2427Ft²

Honor all setback requirements.

Comments/Conditions: Low-Profile filters in both tanks.

INITIAL SITE SKETCH

Please see Attached layout plan.

* Health Dept. Site visit required before installation of system.

AS BUILT SKETCH

Installed as Drawn.

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 6/18/08

Improvement Permit by: _____, R.S. date 12 June 08

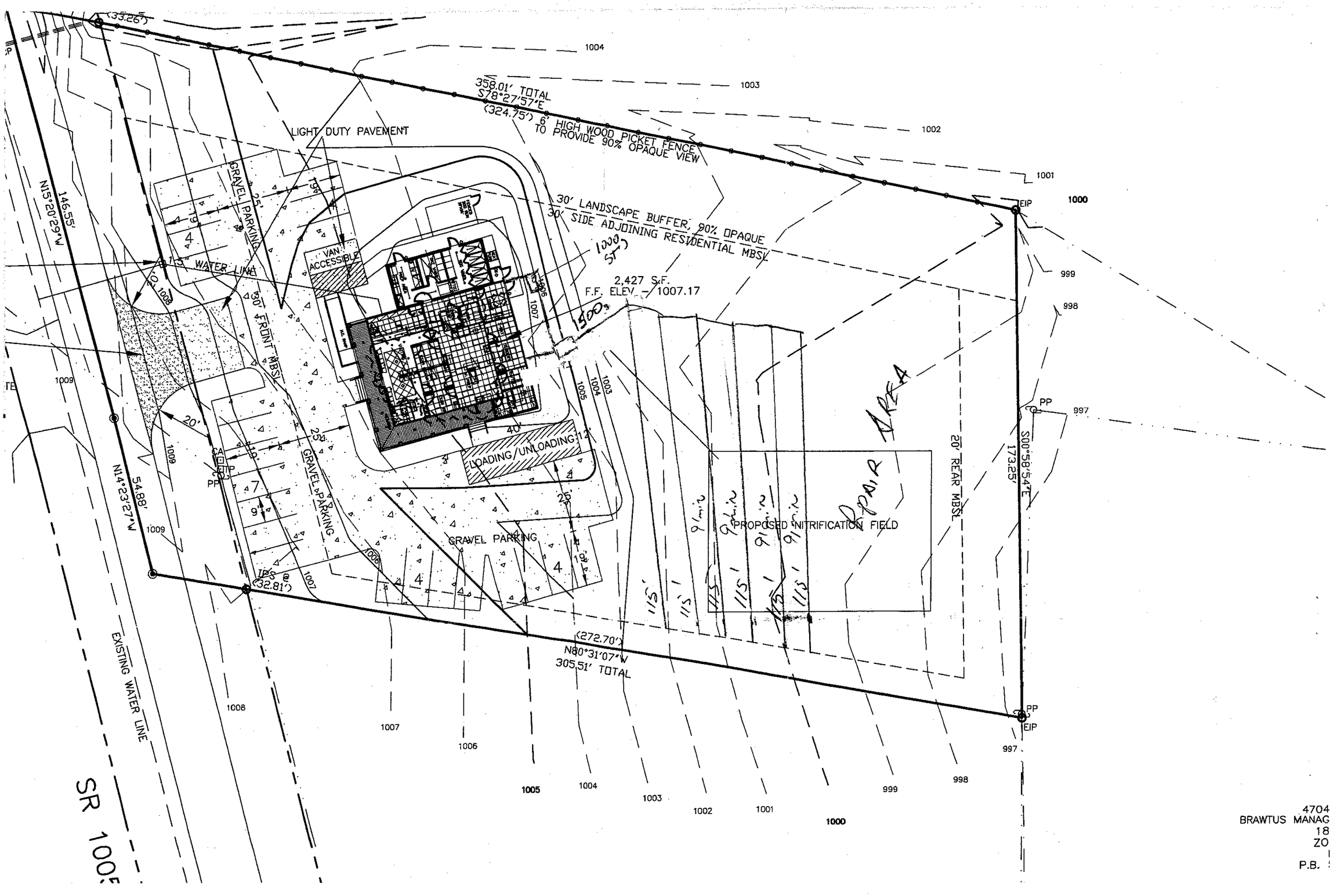
Authorization to Construct by: _____, R.S. date 12 June 08

Installed by: _____

Operation Permit by: _____, R.S. date 19 December 08

Existing System Inspection by: _____ date _____

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



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BRAWTUS MANAG
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P.B.