IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114226 PIN# 4704-78-~~2932~~.001 687631

OWNER OR CONTRACTOR Charles E. Bost

DATE 12/15/03

ADDRESS 192 Lippard Farm Rd Statesville, N.C. 28625 PHONE: Business — Home (704) 872-3305

LOCATION I-40 W, (R) Old Mtn Rd, (R) on Island Ford Rd, (L) on Lippard Farm Rd ½ mile on Right

SUBDIVISION – BLOCK / SECTION – LOT – LOT AREA .50 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 5-14-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Equ. to 1,200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description Pump, LP panels

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

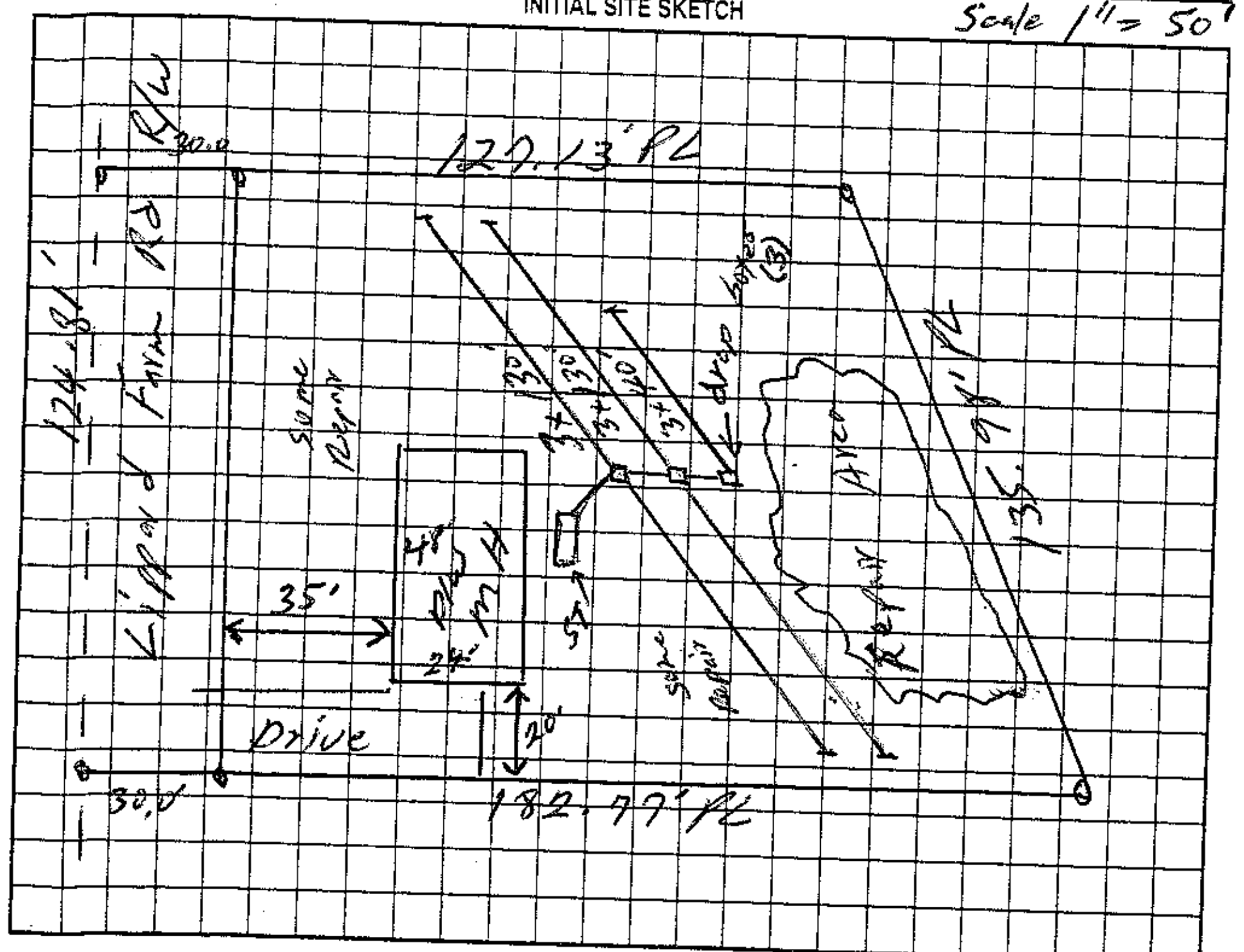
Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

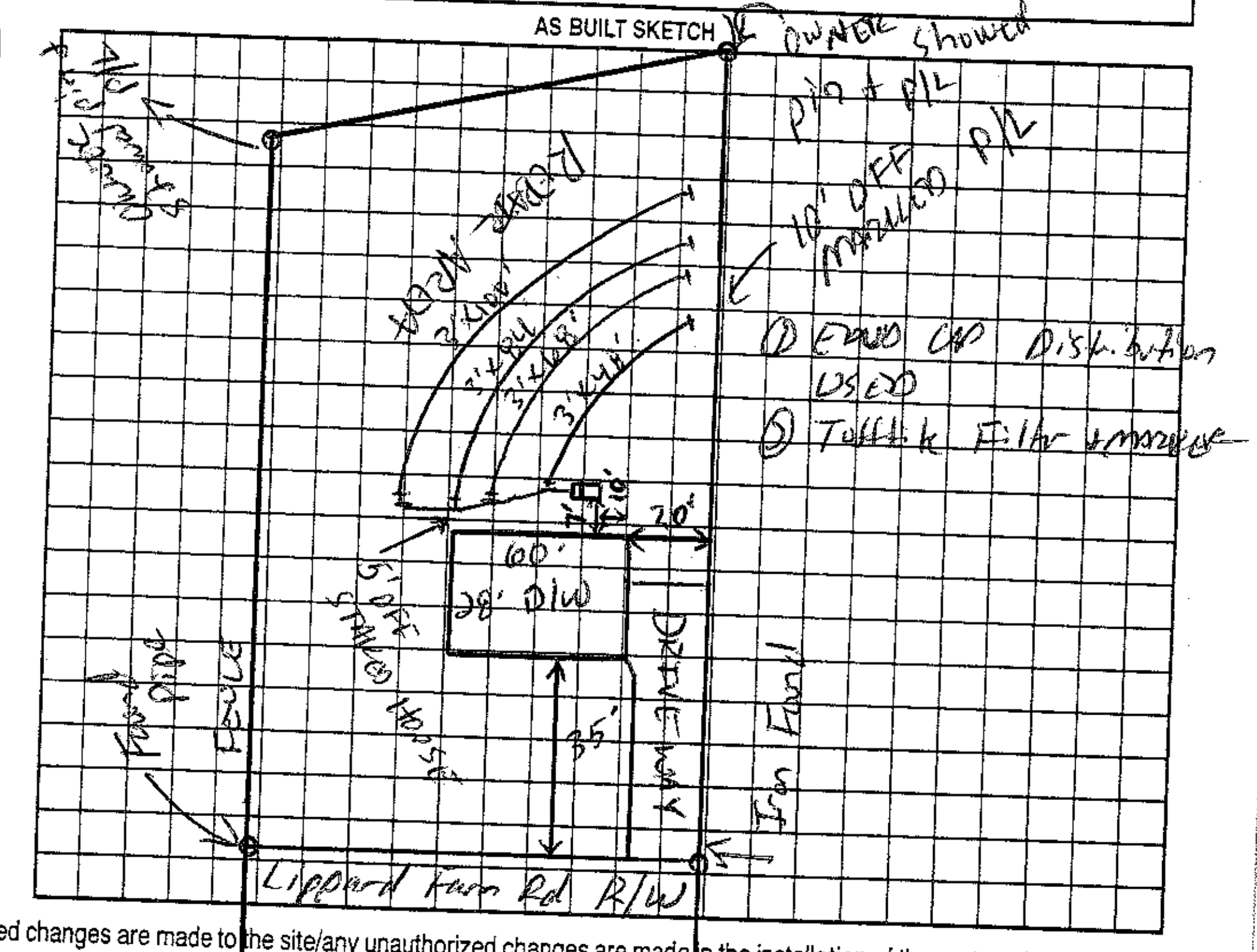
Comments:/Conditions: (1) Install lines on contour (2) maintain proper Set backs

Comments:/Conditions: (1) Owner Approved Increasing House house As Drawn Below X Charles E. Bost (2) System Installed B4 House D/W was on site

INITIAL SITE SKETCH Scale 1" = 50'



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: Charles E. Bost date 12-15-03 Installed by: A-1 Backhoe

Improvement Permit by: William C. Johnson date 12/15/03 Operation Permit by: [signature] date 1-9-08

Authorization to Construct by: William C. Johnson date 12/15/03 Existing System Inspection by: ____ date ____

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