IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095158 PIN# 4704930366 DATE 3/20/01

OWNER OR CONTRACTOR June Yang PHONE: Business — Home —

ADDRESS 161 Yang Drive Statesville N.C. 28625

LOCATION Old Mtn. Rd, ⓡ Lattue, ⓛ Brothers Lane @ End.

SUBDIVISION Yang BLOCK / SECTION II LOT 5 LOT AREA 1.92 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 4,000 Gallons: STB 1794 Date 12-19-00
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 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: Gravity 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

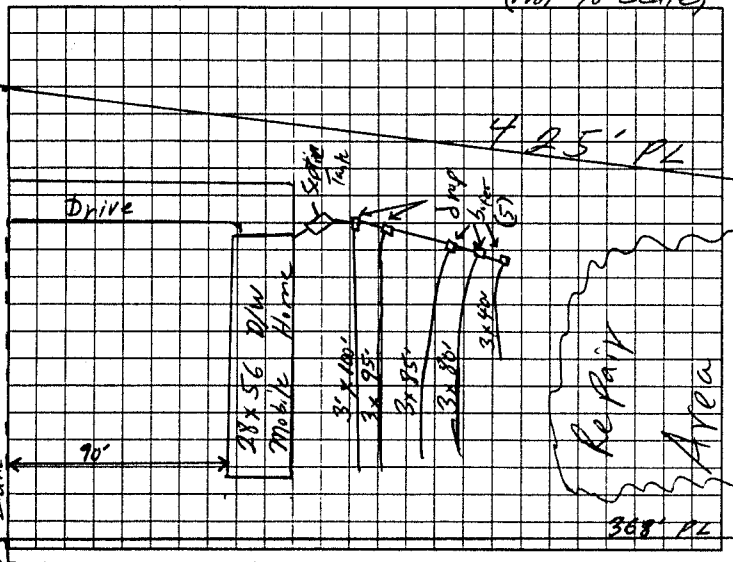
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ① Do not install when wet ② Install Lines on Contour ③ Keep lines 10ft From Property lines ④ Keep Septic system 100ft From well

Comments/Conditions: - Installed Poly Lok Filter - Installed Septic Tank Marker

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

Installed as Shown on 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: William O Johnson date 3-23-01 Installed by: Mary Tucker

Improvement Permit by: William O Johnson RSI date 3/20/01 Operation Permit by: William O. Johnson date 4/4/01

Authorization to Construct by: William O. Johnson date 3/24/01 Existing System Inspection by: ____ date ____

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