IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4705-40-2420 DATE 4/4/03

OWNER OR CONTRACTOR Rusty Pope PHONE: Business — Home (704) 873-7220

ADDRESS 180 Alpine Circle Statesville NC 28625

LOCATION I-40 W ~~Exit 150 Left~~ (R) Old Mtn Rd (R) Alpine Circle, 2nd House on Right

SUBDIVISION Alexander FARMS BLOCK / SECTION ____ LOT 16 LOT AREA 5.04 Ac SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. -.25

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140

No Lines ____ Trench Width 36" Max Trench Bottom Depth — Gravel Depth 12"

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

System Description: Gravity Conv.

Repair System Description: Gravity Conv

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

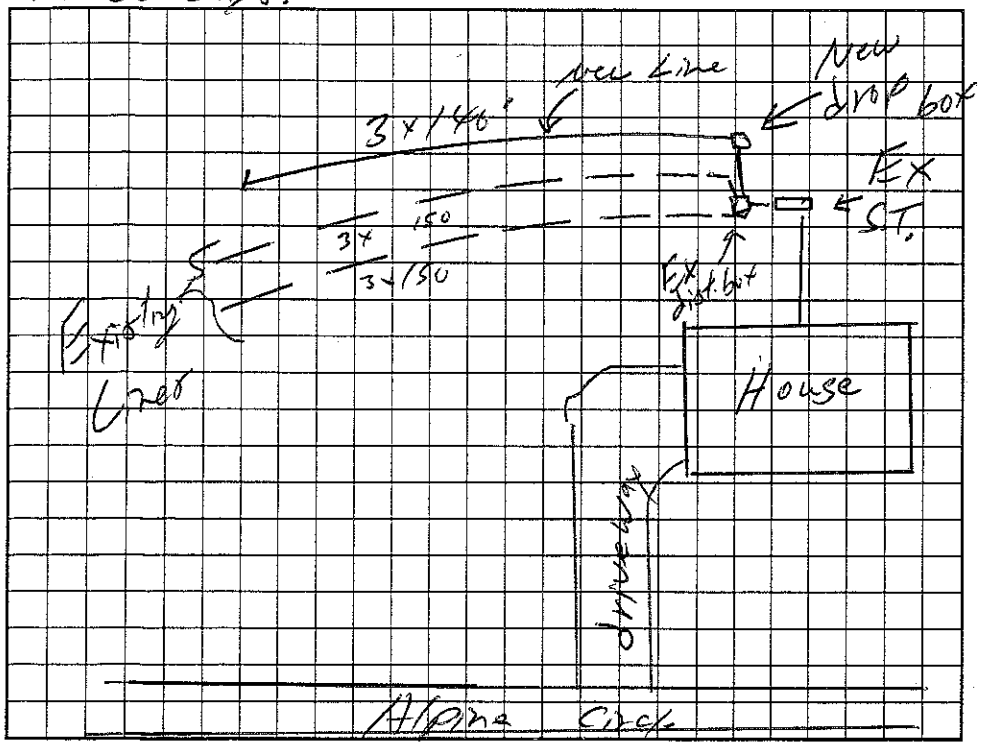
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

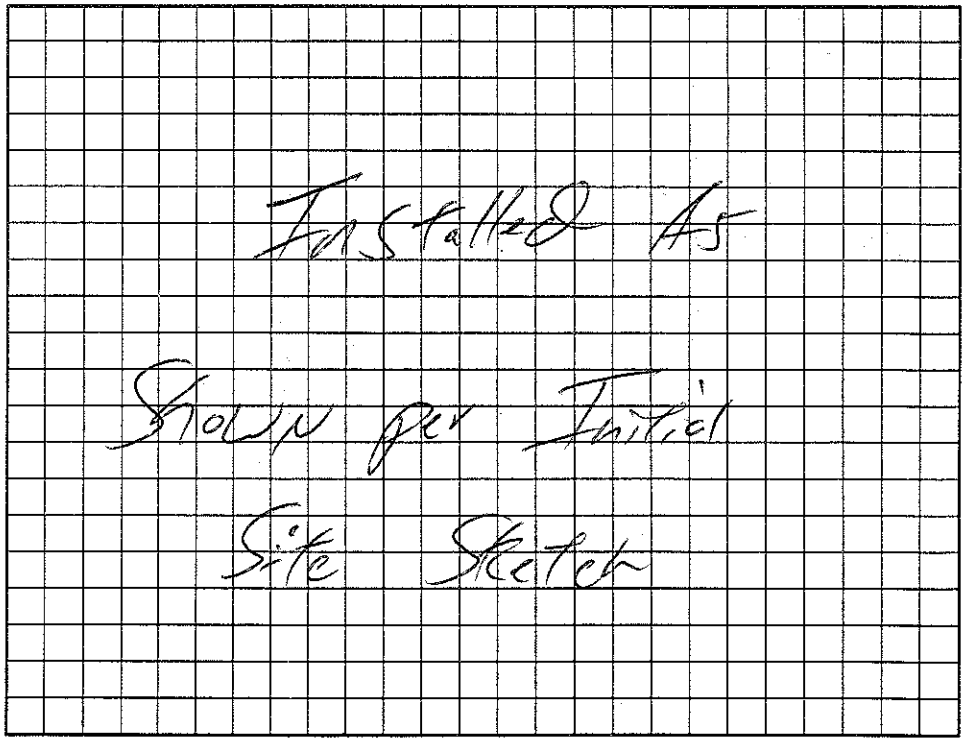
Comments:/Conditions: ① Add one (1) Newline or 12 chambers (140FT) tie into new drop box. ② This permit serves as Notice of Violation. Repair must be completed in 30 days.

Comments:/Conditions: - Installed 18 Bio-diffuser Chambers

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: Rusty Pope date ____ Installed by: Wayne Clontz

Improvement Permit by: William O. Johnson date 4/4/03 Operation Permit by: William O. Johnson date 4/28/03

Authorization to Construct by: William O. Johnson date 4/4/03 Existing System Inspection by: ____ date ____

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