IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128347 PIN# 4705 60 4584 DATE 9/26/05

OWNER OR CONTRACTOR ~~Kevin Glenn & Martha Johnston~~ B.J. + Sandra Thomas Business Home 704-902-9442 - David Garland

ADDRESS 138 Homeplace Ln Statesville, NC 28625

LOCATION 40W 64W (L) Lippard Farm Rd (L) Homeplace Ln (R) Lot 132 Homeplace Ln

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA 3.56 acres SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1607 Date 3-27-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity conventional
Repair System Description: same
Maintenance Agreement Required: [ ] Yes [X] No

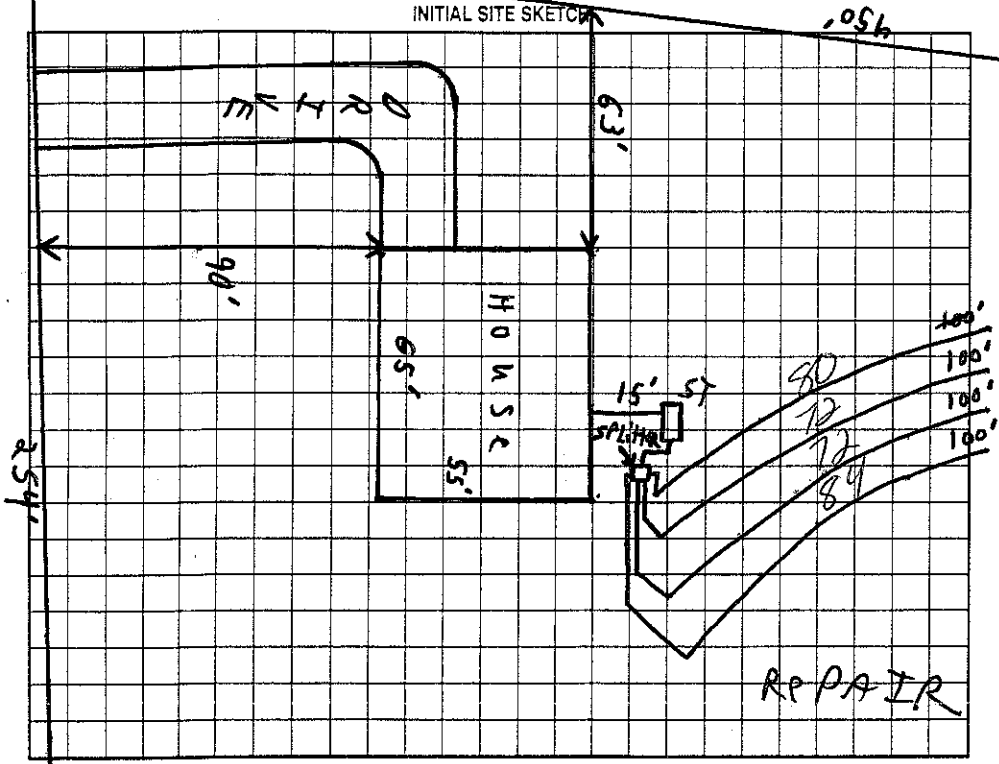
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: install on contour. maintain setbacks. use effluent splitter such as Zoeller Tee-Flo. Accepted system may be substituted.

Comments:/Conditions: Black Locust alpha test mark

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: Brett A Thomas date 9/29/05 Installed by: Rod D Underwood

Improvement Permit by: [signature] date 9/26/05 Operation Permit by: [signature] date 5-5-06

Authorization to Construct by: [signature] date 10-26-06 Existing System Inspection by: ____ date ____

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