IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117007 PIN# 4705-64-4160 DATE 1/16/04

OWNER OR CONTRACTOR Cecil Privette PHONE: Business — Home (704) 928-2299

ADDRESS 4918 Longfield Street Claremont, N.C. 28610

LOCATION I-40 W, (R) Old Mtn Road, (R) Island Ford Rd, (L) on Lippard Farm Rd, (R) Homeplace Lane, lot on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 4.186 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons; STB B25 Date 7-4-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

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

System Description: Gravity, Conventional

Repair System Description: Gravity, Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

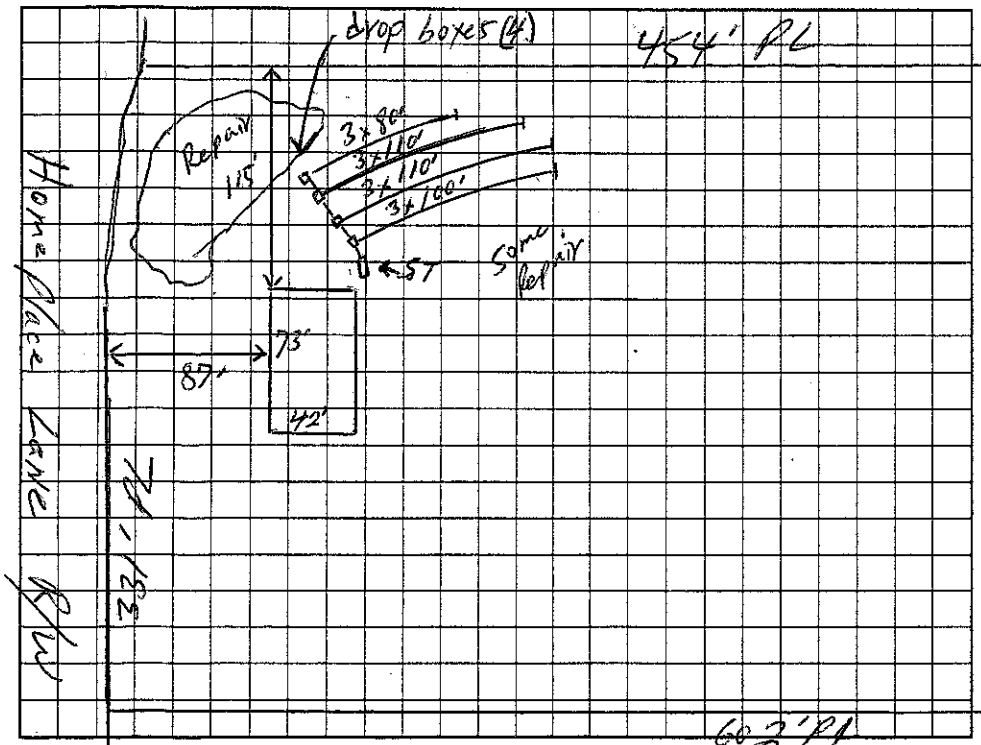
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Install liner on contour (2) Keep system maximum at Trench bottom depth - 28"

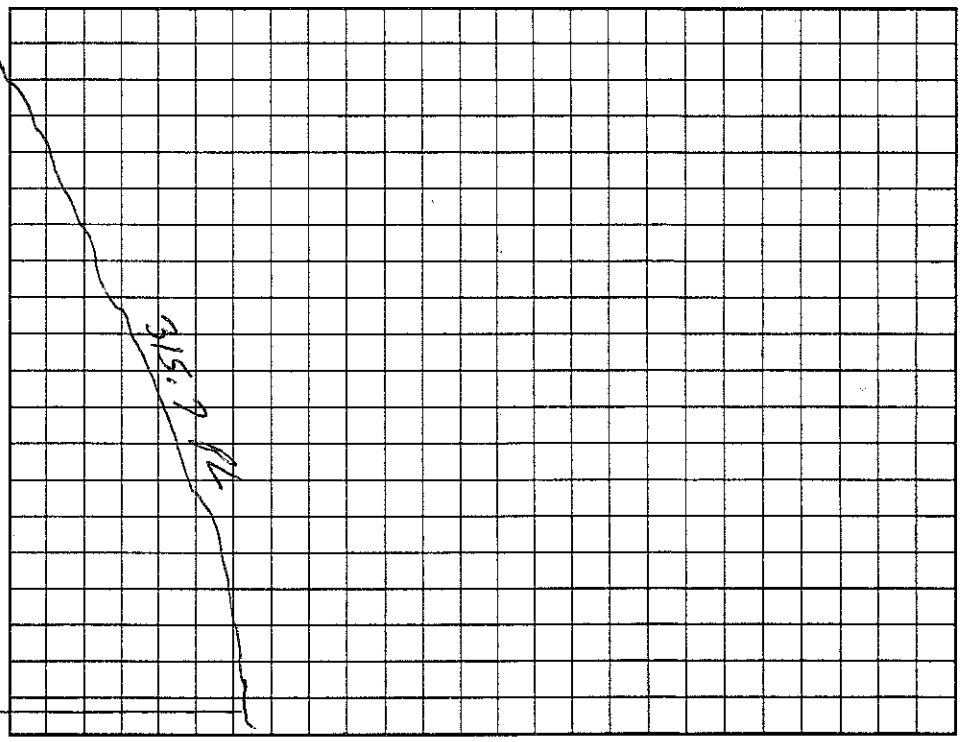
Comments:/Conditions: INSTALLED AS DRAWN

POLYLOK FILTER FABRIC INSTALLED AS DRAWN

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: Cecil Privette date 1-16-04 Installed by: AND DAWTRE

Improvement Permit by: William Johnson date 1/16/04 Operation Permit by: [signature] RS date 9-14-04

Authorization to Construct by: William Johnson date 1/16/04 Existing System Inspection by: ____ date ____

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