IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104191 PIN# 4705-98-1000 DATE 5/13/03

OWNER OR CONTRACTOR Vicky Pharr PHONE: Business — Home (704) 878-5305

ADDRESS P.O. Box 836 Statesville, Point N.C. 28678

LOCATION Hwy 90 West to in to Village Point, lot on left

SUBDIVISION Village Point BLOCK / SECTION — LOT 9 LOT AREA .92 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-8-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' 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, Conventional

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

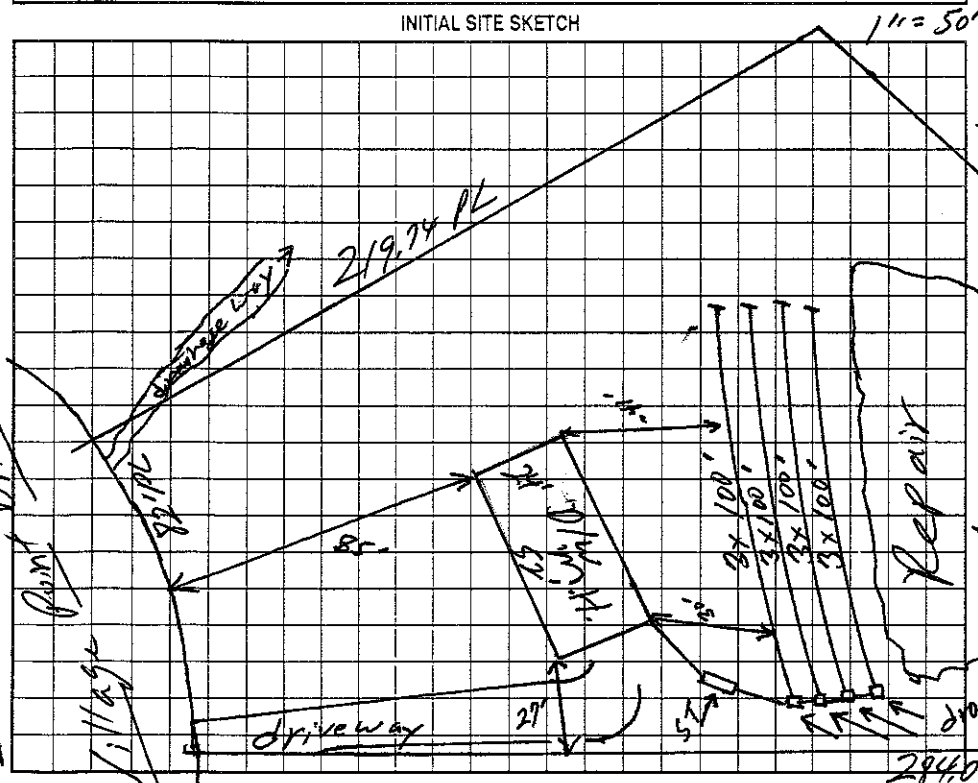
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install lines on contour

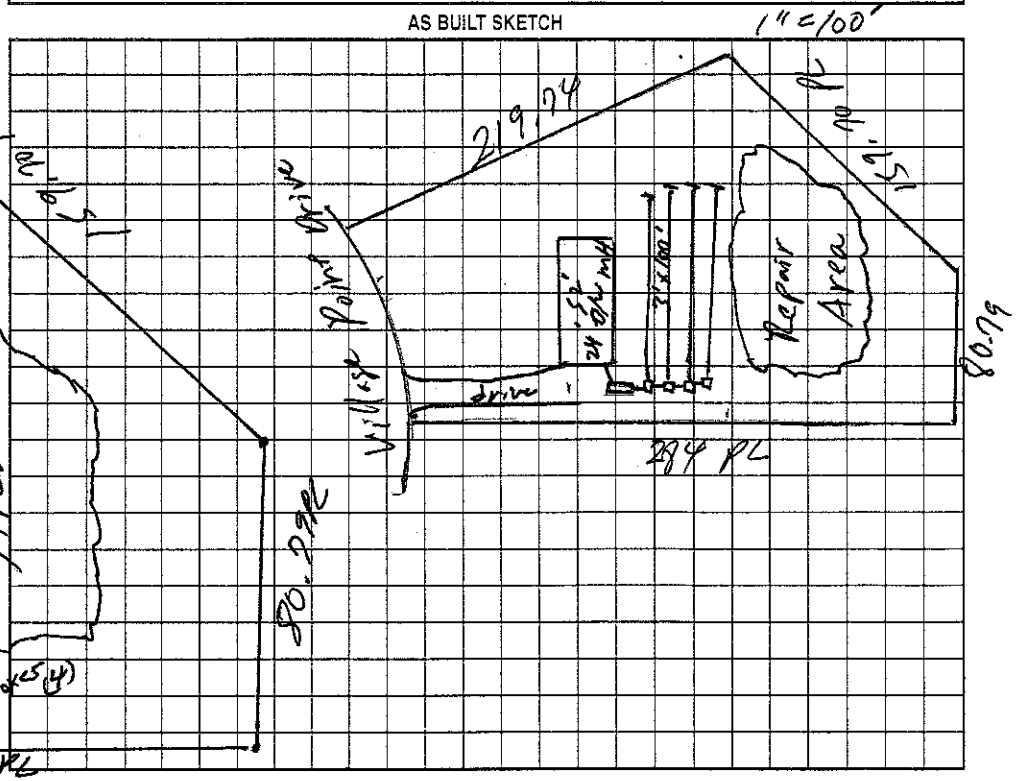
Comments:/Conditions:

- Label Filter + S.T. Marker Installed

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: Vicky Pharr date 5-13-03 Installed by: A1 Backhoe

Improvement Permit by: William O. Johnson date 5/13/03 Operation Permit by: William O. Johnson date 6/24/03

Authorization to Construct by: William O. Johnson date 5/13/03 Existing System Inspection by: _____ date _____

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