IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111927 PIN# 4706-44-0061 DATE 4/23/03

OWNER OR CONTRACTOR Jimmy Cross PHONE: Business (704) 309-0491 Home ——

ADDRESS P.O. Box 142 Lyndhurst, NC 28088

LOCATION Hwy 90 L @ Robertson Rd @ Ridge Run Drive, Lot on R. right

SUBDIVISION Regency Estates BLOCK / SECTION II LOT 23 LOT AREA .514 Ac. SITE CLASS. F8 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1,000 Gallons; STB 1012 Date 12-10-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Equiv. to 1440 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: County, 25% Reduction

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No LPP

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

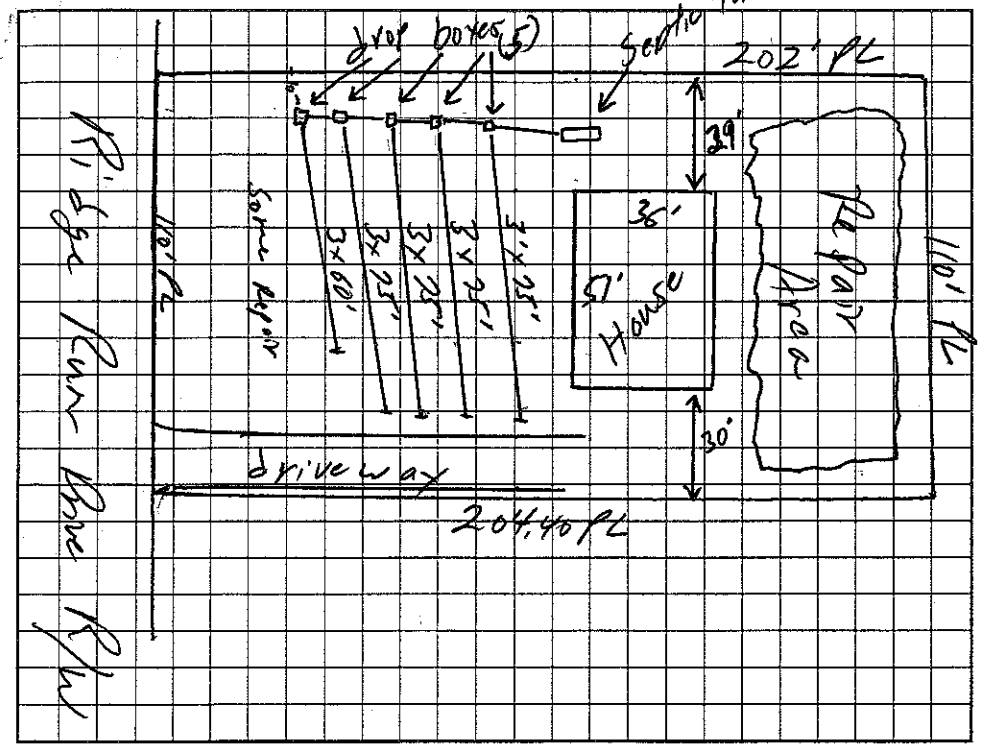
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

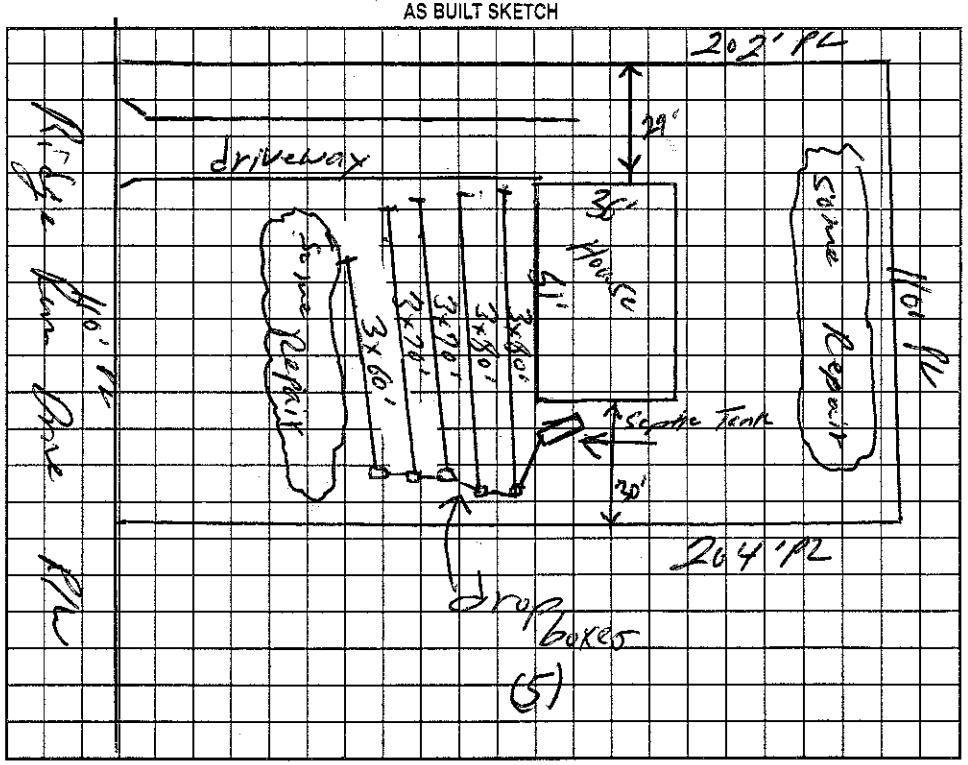
Comments:/Conditions: ① Install Liner on contour ② Maintain Proper Setbacks ③ Do Not install when wet (1"=50')

Comments:/Conditions: — Tuff — Tite Sitter + ST Marker Installed 1ST 3 shots Okay 6/24/03

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: [signature] date 4/24/03 Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 4/23/03 Operation Permit by: William O. Johnson date 6/25/03

Authorization to Construct by: William O. Johnson date 4/23/03 Existing System Inspection by: ____ date ____

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