IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104676 PIN# 4706-50-7687 DATE 4/1/02

OWNER OR CONTRACTOR Brad Koppick PHONE: Business (704) 878-6007 Home (704) 528-6731

ADDRESS P.O. Box 1252 Statesville N.C. 28687

LOCATION Taylorsville Hwy, (L) on Oakwood Ct End on Left.

SUBDIVISION Mor-Vue BLOCK / SECTION — LOT 16 LOT AREA _____ SITE CLASS 05 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 1607 Date 5-12-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 260'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity/Pump; 50% Reduction
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

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

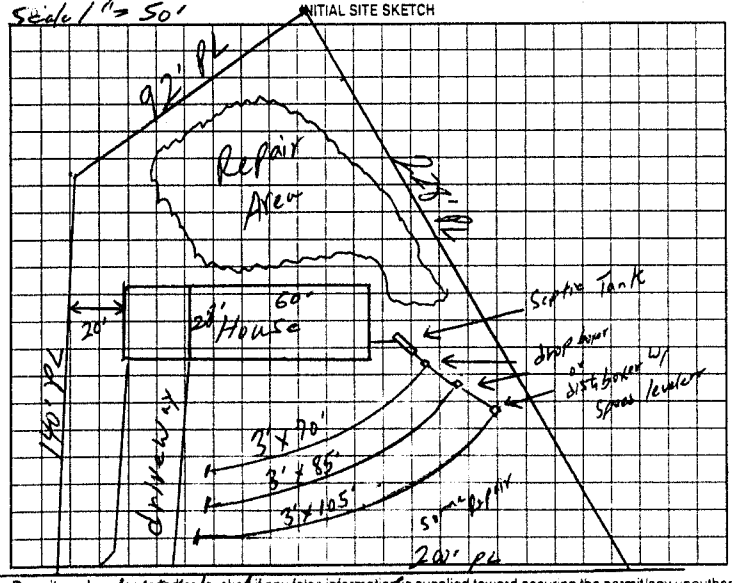
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions: ① Install system using 25% Reduction System Chamber or HDE's Scarify ② Install Incr on Contour ③ Maintain proper setbacks

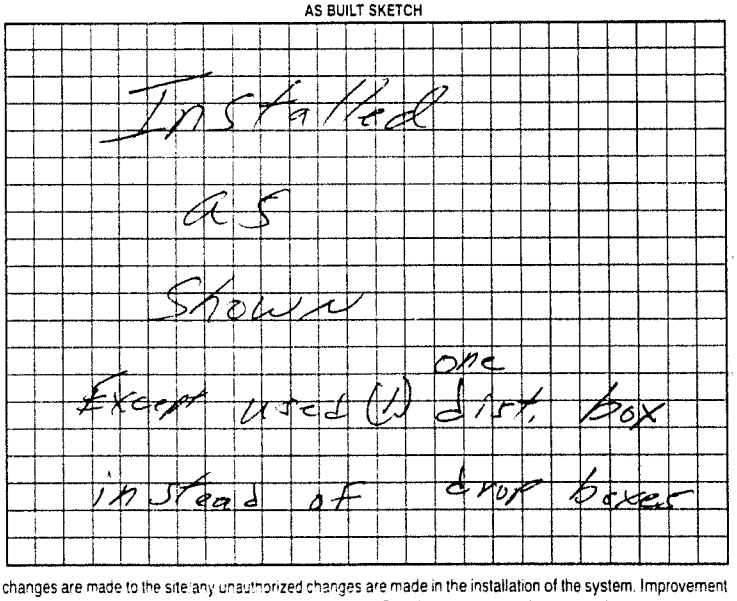
Comments/Conditions:
- 42 Bio Diffusers Installed
- Poly lok filter Installed
- S.T. marks Installed

INITIAL SITE SKETCH

Scale 1" = 50'



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: Brad Koppick date 4/1/02 installed by: Sammy Shoemaker

Improvement Permit by: William O. Johnson date 4/1/02 Operation Permit by: William O. Johnson date 7/2/02

Authorization to Construct by: William O. Johnson date 4/1/02 Existing System Inspection by: _____ date _____

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