IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115071 PIN# 4706-84-7127 DATE 8/2/03

OWNER OR CONTRACTOR Long Builders PHONE: Business (336)468-2627 Home —

ADDRESS 6540 Lawson Rd Hamptonville NC 27020

LOCATION NR Scotts Creek Rd @ Bella Dr @ Sim Lane on Left of Cul-de-Sac

SUBDIVISION Carlton Shores Est BLOCK / SECTION — LOT 13 LOT AREA 1.07 SITE CLASS FS DESIGN FLOW 480 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,060 Gallons; ST# 620 Date 2-23-04

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 5 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, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2½ No. Employees —

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

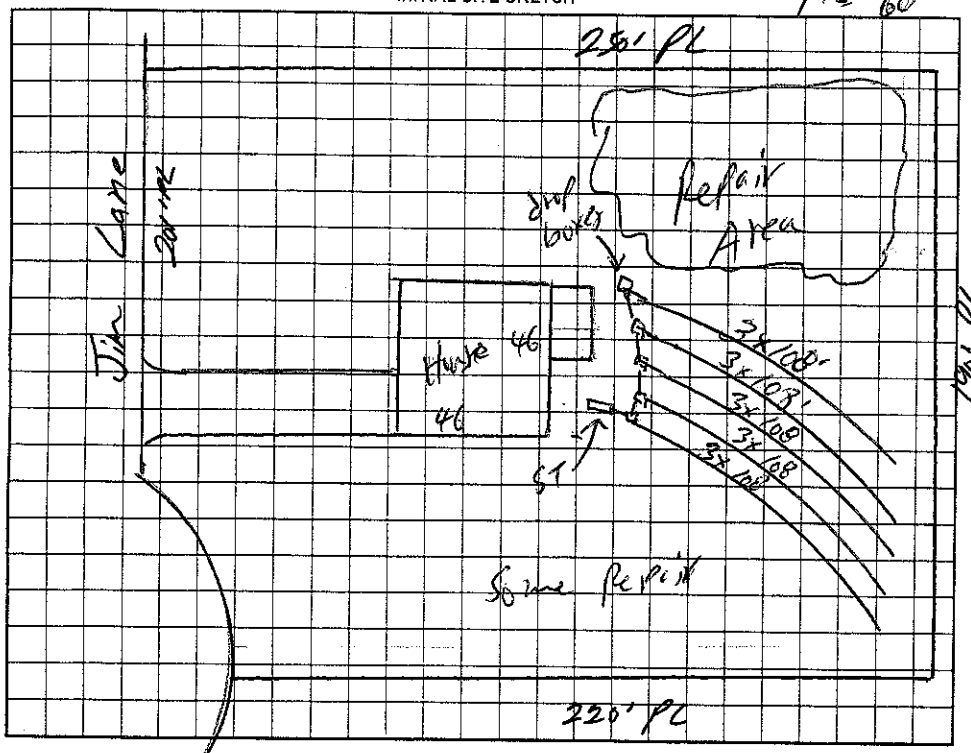
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install Lines on Contour

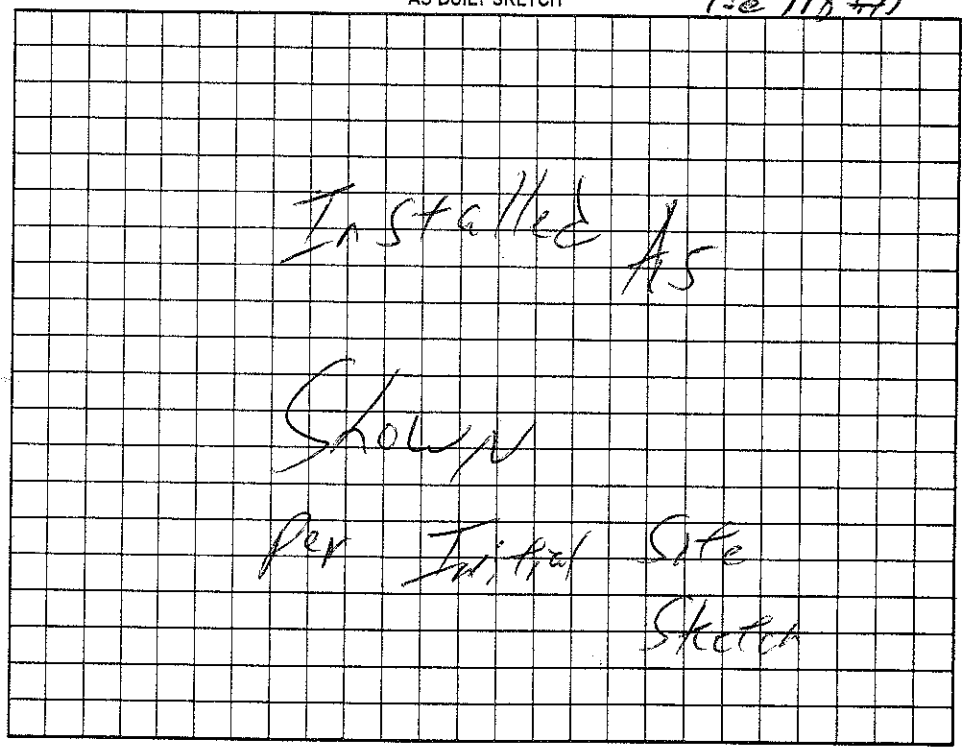
Comments:/Conditions: - Zobel Filter + ST Risers

~590 ft Conv. System

INITIAL SITE SKETCH 1" = 60'



AS BUILT SKETCH (Tie 118 ft)



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: — date —

Improvement Permit by: William O. John date 9/2/03

Authorization to Construct by: William O. John date 9/2/03

Installed by: Nixon's Backhoe

Operation Permit by: William O. John date 6/14/04

Existing System Inspection by: — date —

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