IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115175 PIN# 4710-89-7902 DATE 9/3/03

OWNER OR CONTRACTOR David S. Hall PHONE: Cell (704) 500-3000 Home (704) 528-5325

ADDRESS 309 Compton Park Rd Statesville NC 28677

LOCATION Hwy 21 S, @ Old Mtn Rd, L on E. Monbo Rd, @ Pineville Rd, L on Sky Lane, at end of Sky Lane

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 6.81 Acres SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 9-9-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4 @ 120' Trench Width 36" Max Trench Bottom Depth 36"

☒ 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

Gravel Depth 12"

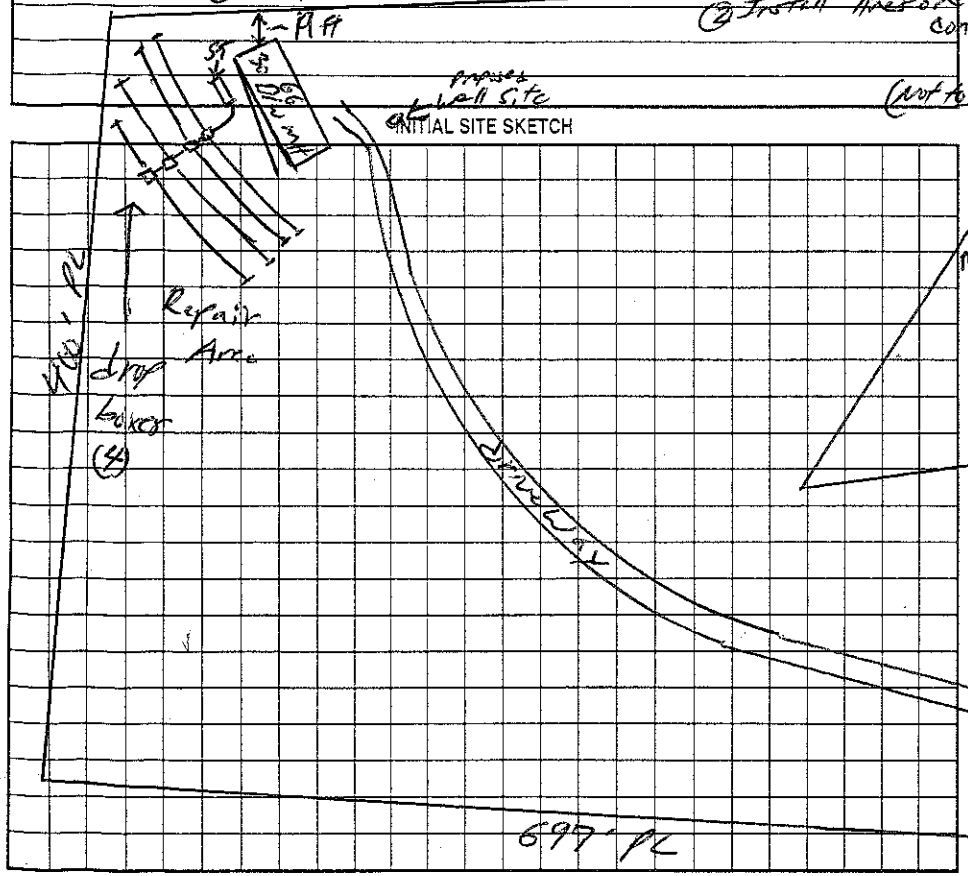
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

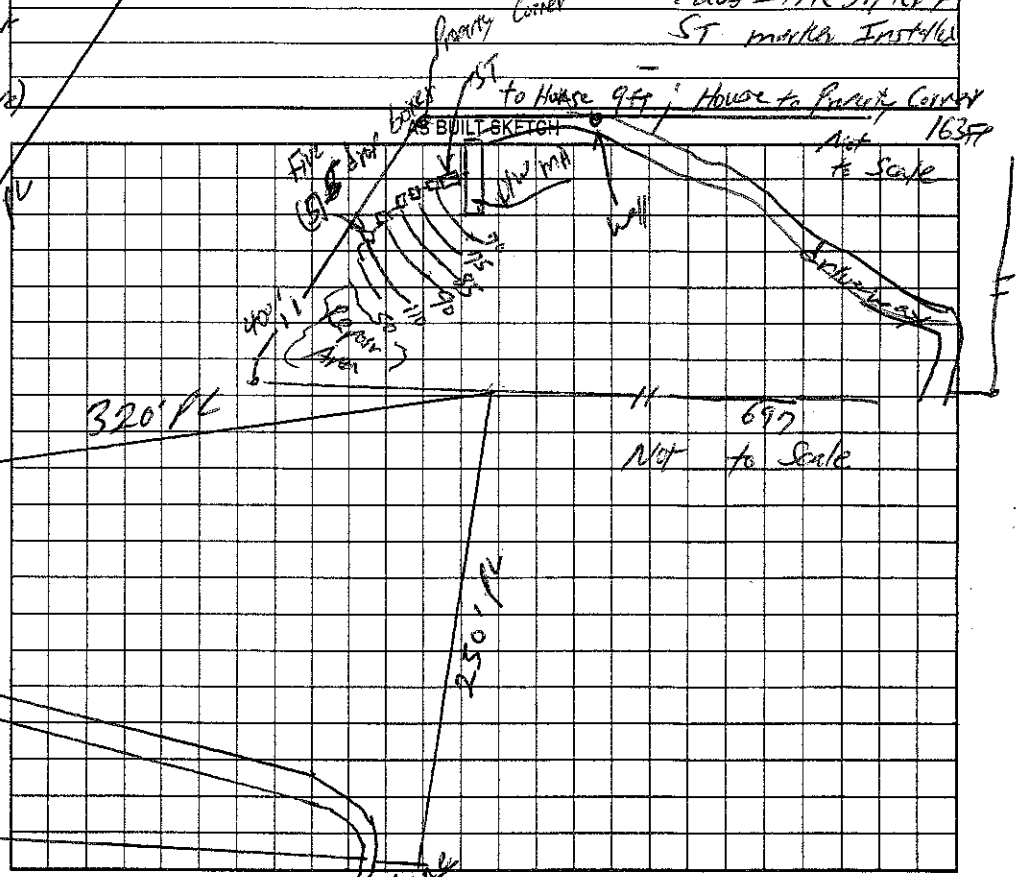
Comments/Conditions: ① Keep well 100 ft from Septic System ② Install Riser on Contour

INITIAL SITE SKETCH



Comments/Conditions: Property Corner — Twist-Tite 5'/8x ST marker Inst 4/6/

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: David S. Hall date 9-5-03 Installed by: Shane Hall

Improvement Permit by: William O. Johnson date 9/3/03 Operation Permit by: William O. Johnson date 11/13/03

Authorization to Construct by: William O. Johnson date 9/3/03 Existing System Inspection by: ____ date ____

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