IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113790 PIN# 4711-46-0156 DATE 7/9/03

OWNER OR CONTRACTOR Lester Caldwell PHONE: Business — Home (704) 883-0485

ADDRESS 217 Deerfield Lane Statesville NC. 28677

LOCATION Buffalo Shoals, to Laurel Cove Rd, 2nd drive on right (122 Laurel Cove)

SUBDIVISION TWELVE OAKS BLOCK / SECTION — LOT #9 LOT AREA .53 Ac. SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank: 1,000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____

No Lines 3 Trench Width 36" Max Trench Bottom Depth 4' Gravel Depth ____

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

System Description: Existing Gravity Conv.

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

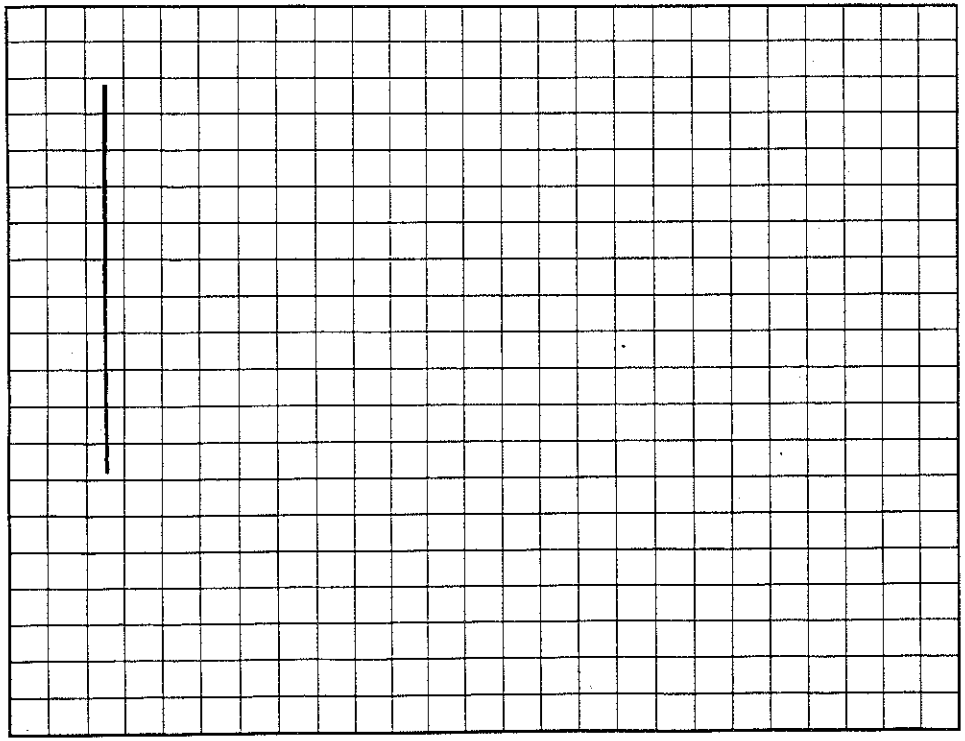
Comments:/Conditions:

Original Permit Chris Rawson To Old Entrance

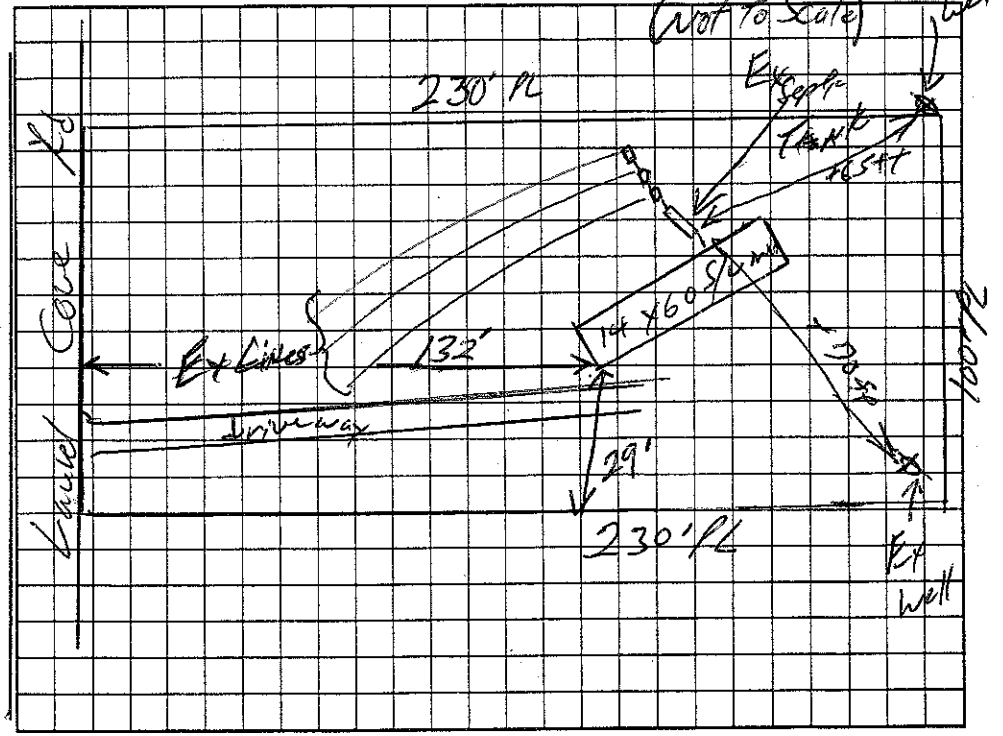
Comments:/Conditions:

Existing System put in use at time of Inspection. Old Home removed, New Home in place. System appears to have been functioning Okay.

INITIAL SITE SKETCH



AS BUILT SKETCH (Not to Scale)



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: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: [signature] date 7/9/03

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