IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112125 PIN# 4712-~~15-4998~~-26-2209 DATE 6/23/03

OWNER OR CONTRACTOR Richard Brawley PHONE: Business — Home daughter Lisa -(704) 871-9212

ADDRESS 554 Celeste Eufola Rd Statesville, NC 28677

LOCATION I-40 W, (E) Old Mtn Rd, (R) Celeste Eufola Rd, ~2miles on left, beside 553 Celeste Eufola

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 22.08 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 2-20-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ / Square Feet 1200 Linear Feet 400
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, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

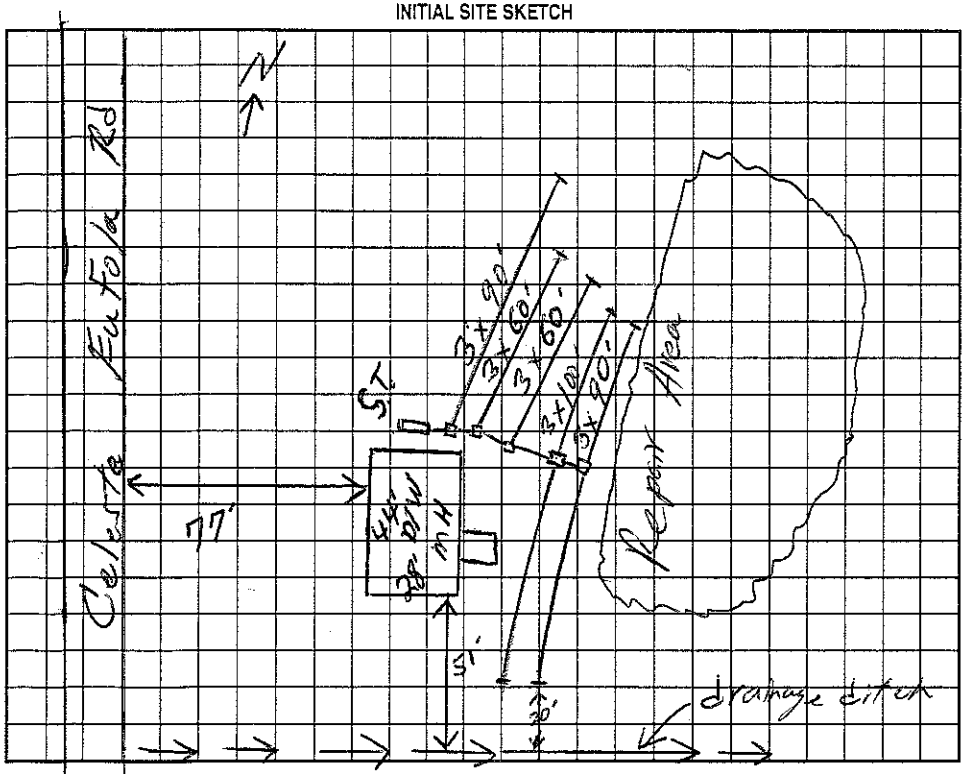
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:
ST Marker + Turf Tite Filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown on Initial Site 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: Rose Crawford date 6/23/03 Installed by: Dale Wingler

Improvement Permit by: Willie O. Johnson date 6/23/03 Operation Permit by: Willie O. Johnson date 9-9-03

Authorization to Construct by: Willie O. Johnson date 6/23/03 Existing System Inspection by: ____ date ____

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