This Permit Voids previously issued permit 9/21/00.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 9/986 PIN# 4713-72-5962 DATE 3-12-02

OWNER OR CONTRACTOR Jill Inscore PHONE: Business cell (704) (880)-9365 Home (704) 871-1092

ADDRESS 116 Monticello Road Statesville N.C. 28625

LOCATION Hwy 70 West, (2) old Mtn. Road, Across From Celeste Estate on right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~2 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gpd/Ft²

Septic Tank: 1,000 Gallons; STB 312 Date 8-9-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: " , 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

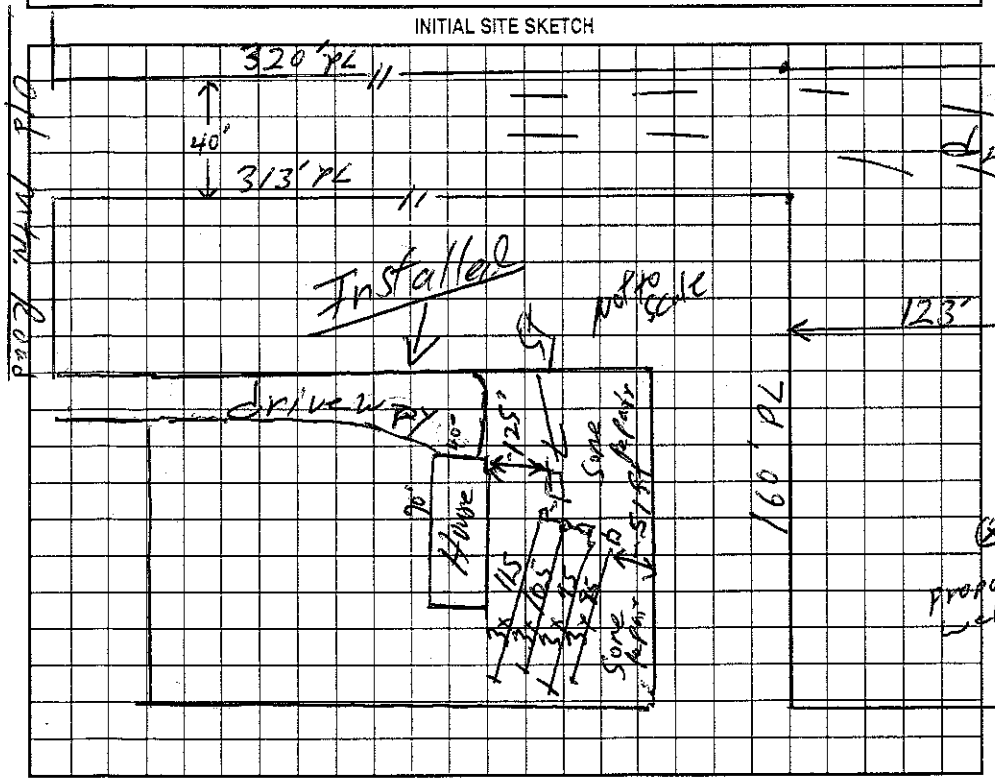
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

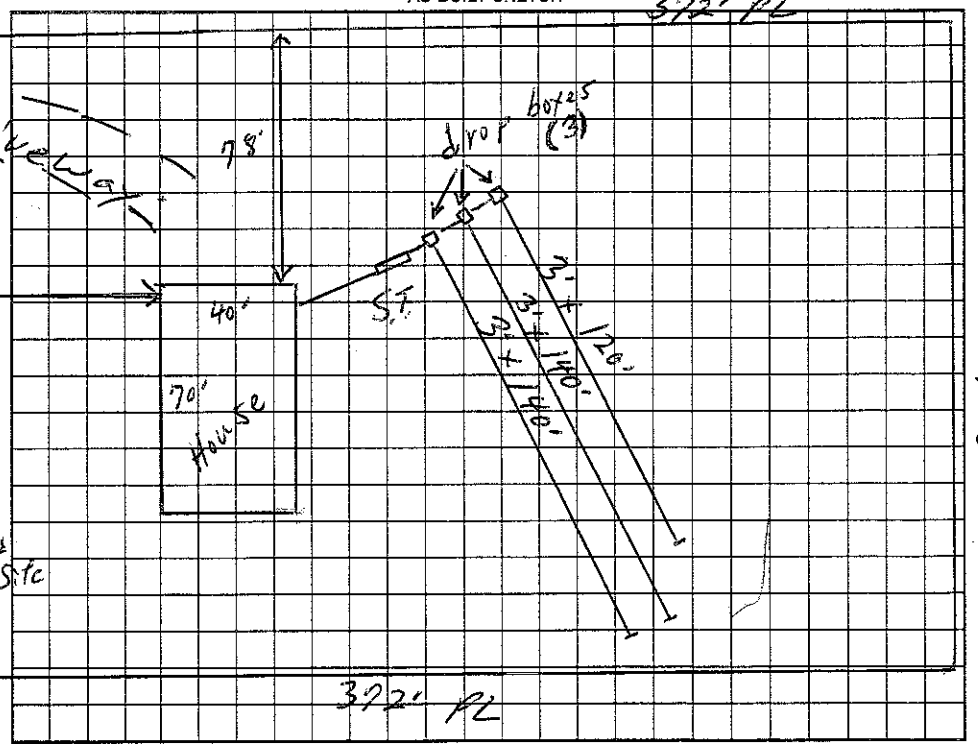
Comments/Conditions: (1) Install liner on contour (2) Keep well 100ft From Septic System (3) Maintain proper setbacks

Comments/Conditions: — Label filter SF Market Rpairs-Install 6 (One Length 115, 105, 95, 85 ft.) Repair will be 50% reduction because of lowered LTAR

INITIAL SITE SKETCH



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: William R. Inscore Jr. date 11/27/02 Installed by: Trent Madison

Improvement Permit by: William O. Johnson date 3/12/02 Operation Permit by: William O. Johnson date 9/15/03

Authorization to Construct by: William O. Johnson date 3/12/02 Existing System Inspection by: ____ date ____

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