IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152361 PIN# 4715-08-5772 DATE 11 September 08

OWNER OR APPLICANT Larry P. Munday PHONE: Business 704-902-1479 Home 704-872-6019

ADDRESS 673 Shiloh Rd Statesville, N.C.

LOCATION Hwy 90 First House on left past Gilpin Mobile Park.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.83Ac. SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. 0.39/1.0

Septic Tank: 1000g Gallons: STB 794 Date 2-3-08
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☒ Other Garage w/ apartment

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: Follow contour
Homes all required setbacks.

Comments/Conditions:
Fill Attached / ST Has marker

INITIAL SITE SKETCH

Please see Attached Layout

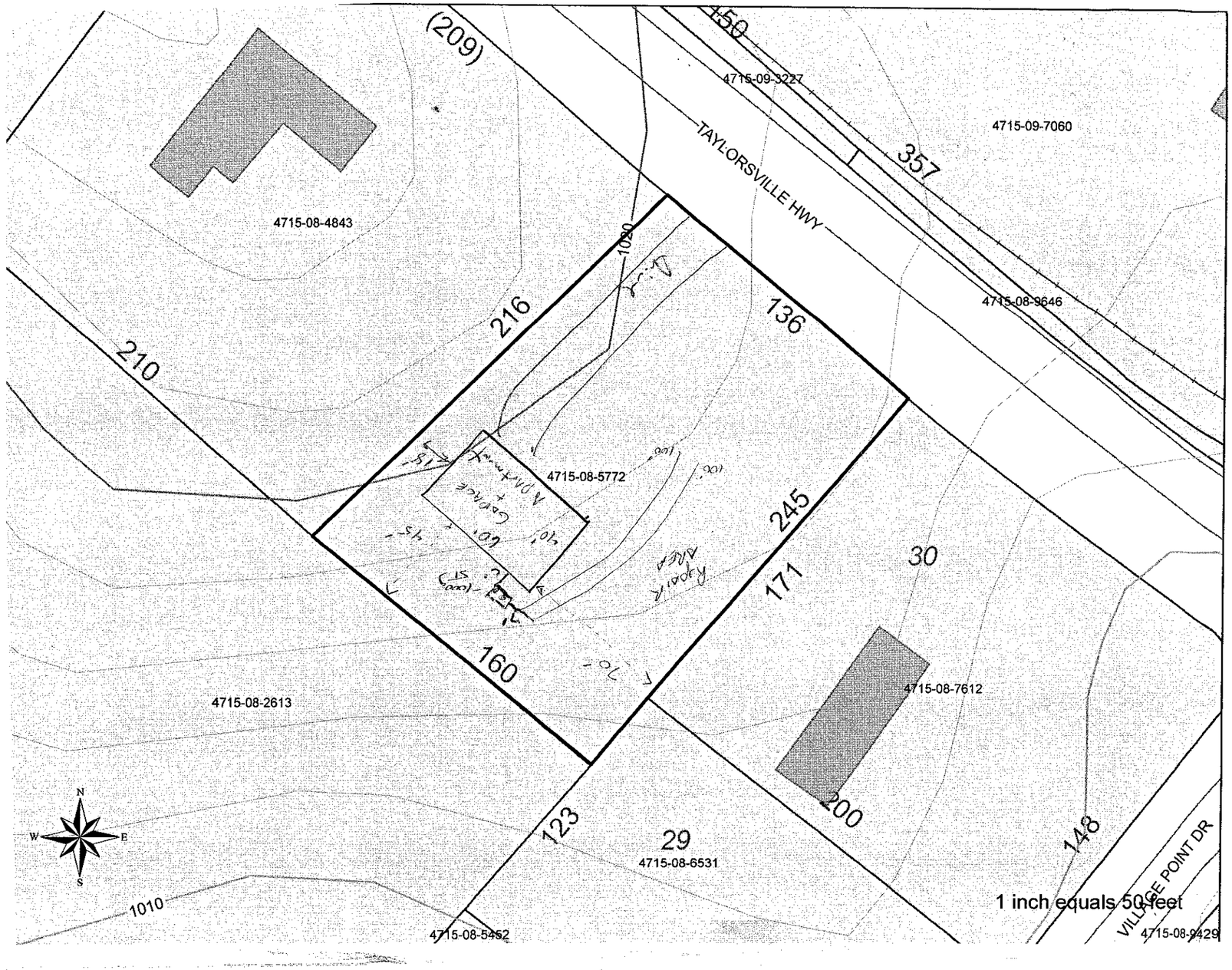
AS BUILT SKETCH

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: Larry Munday date 9-12-08
Improvement Permit by: _____, R.S. date 12 Sept. 08
Authorization to Construct by: _____, R.S. date 12 Sept. 08

Installed by: Marty Tucker
Operation Permit by: _____, R.S. date 30 October 08
Existing System Inspection by: _____ date _____

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


(209)
150
4715-09-3227
4715-09-7060
TAYLORSVILLE HWY
357
4715-08-4843
4715-08-9646
216
136
210
4715-08-5772
245
171
30
160
4715-08-2613
4715-08-7612
N
W
E
S
123
29
4715-08-6531
200
148
1010
4715-08-5452
VILLAGE POINT DR
4715-08-9429
1 inch equals 50 feet