IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4715-41-1866 DATE 12/12/03

OWNER OR CONTRACTOR Steven D. Clark PHONE: Business — Home (704) 872-1062

ADDRESS 321 Woodbridge Rd Statesville NC 28625

LOCATION Island Ford Rd (West), R Woodbridge Road, 7th House on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1/4,000 Gallons; STB — Date —

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 80'

No Lines 2 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 18"

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

System Description: —

Repair System Description: Gravity, Conv.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

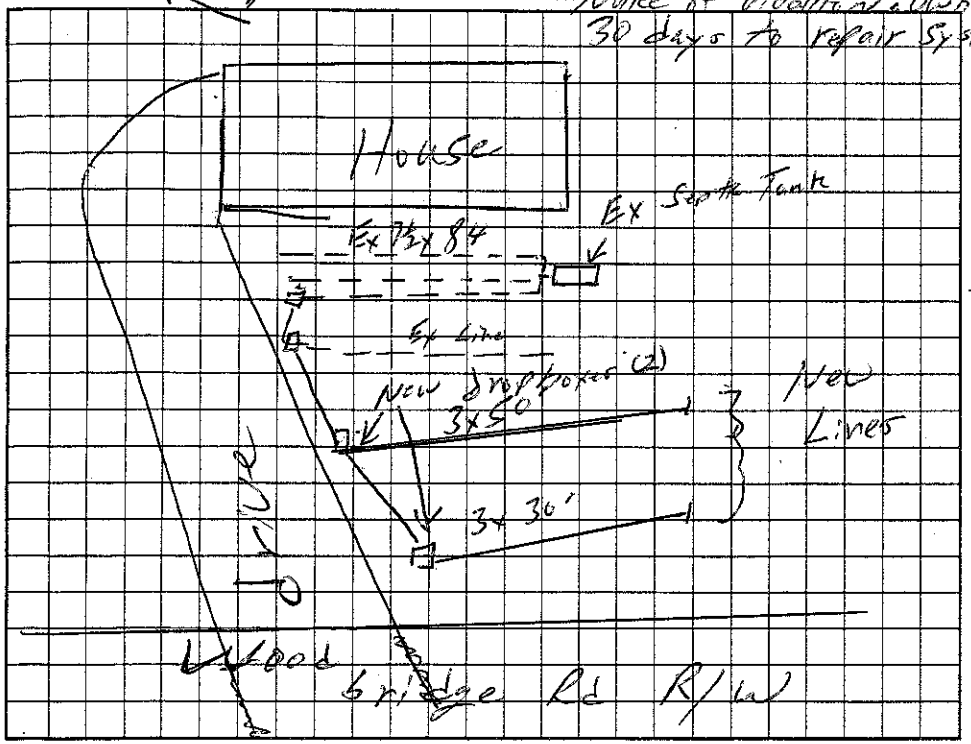
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

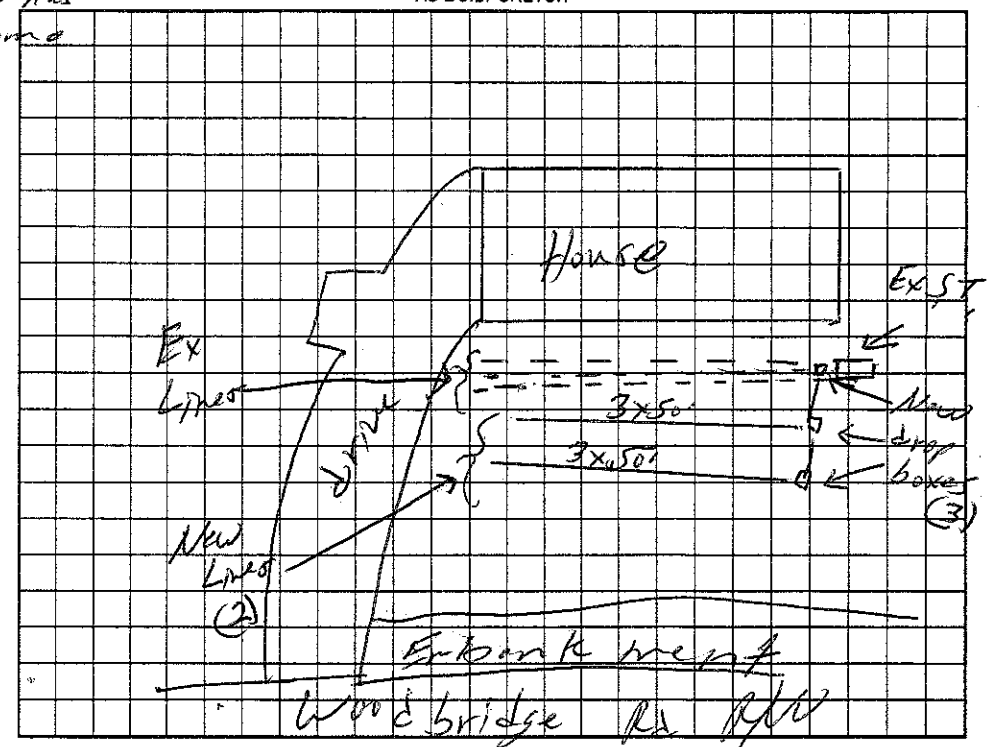
Comments:/Conditions: ① Add 2 New lines 50 ft + 30 ft in length w/ 18" of gravel on contour. ② Replace distribution device if necessary. ③ Call Health Dept on day of installation. ④ This permit serves as Notice of Unsatisfactory & Owner has 30 days to repair System

Comments:/Conditions: - Replaced dist. box

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: Steven D. Clark date 12/12/03 Installed by: West Lyon

Improvement Permit by: William O. Johnson date 12/12/03 Operation Permit by: William Johnson date 1/02/04

Authorization to Construct by: William O. Johnson date 12/12/03 Existing System Inspection by: _____ date _____

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