This permit voids previously issued permit dated 7-10-99 (1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081709 PIN# 4716-05-3012 DATE 6/14/04

OWNER OR CONTRACTOR Tapia + Amanda Davidson PHONE: Business _____ Home (704) 838-0267

ADDRESS 207 Celeste Estates Dr Statesville N.C. 28677

LOCATION NC 115N (L) Scotts Creek Rd (L) Roberts Lane, 2nd lot on left

SUBDIVISION Larkin Sloan BLOCK / SECTION _____ LOT 35 LOT AREA 1.042 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30 gpd/sf2

Septic Tank: 1,000 Gallons; STB 1012 Date 7-12-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 6 (SIX) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: Conventional Gravity

Repair System Description: Pump, Panel Block

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

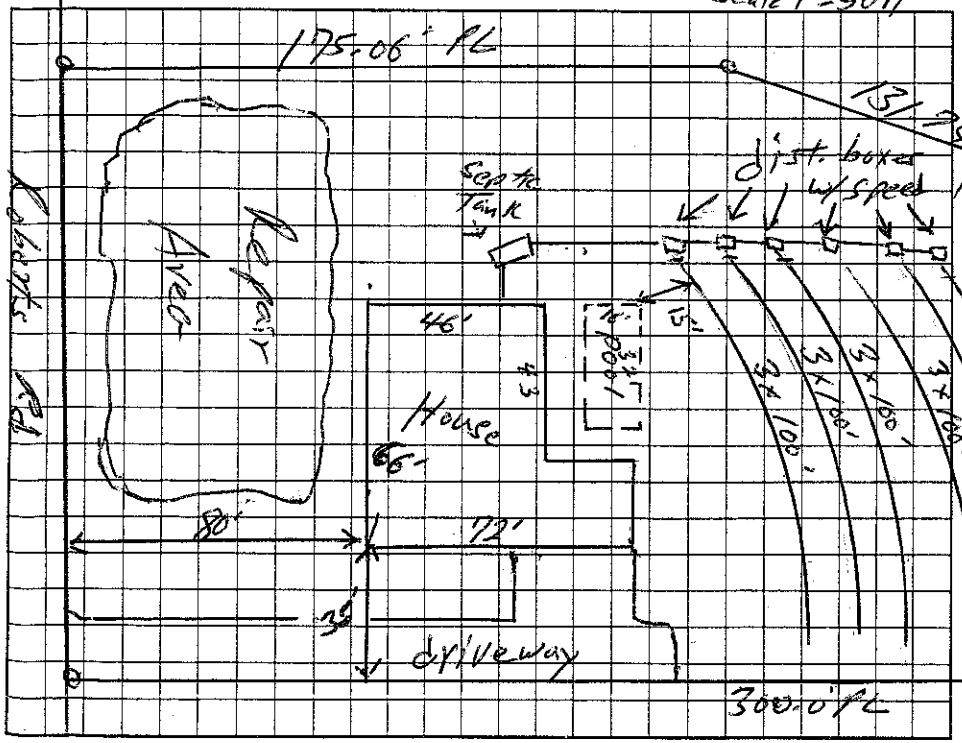
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

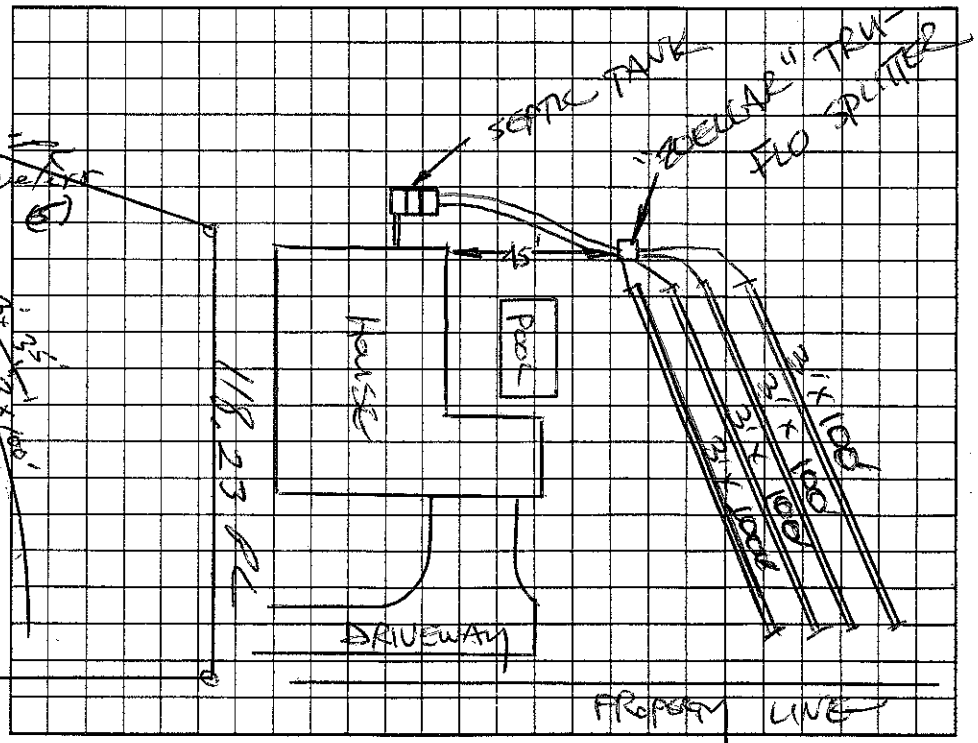
Comments:/Conditions:

Comments:/Conditions: (1) SYSTEM ALTERED AS SHOWN USING TYPE III 25% REDUCTION SYSTEM (64 "INFILTRATOR CHAMBERS) (2) SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH Scale 1"=50ft



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: Rob Wright date 6-18-04 Installed by: TOMMY FRYE

Improvement Permit by: William O. Johnson date 6/14/04 Operation Permit by: STEVE HENDRICK date 1-7-05

Authorization to Construct by: William O. Johnson date 6/14/04 Existing System Inspection by: _____ date _____

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