This permit voids previously issued permit dated 5/22/00.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ci) MOORESVILLE 704-664-5281

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

PERMIT# 089253 PIN# 4716-99-3264 DATE 1/27/03

OWNER OR CONTRACTOR Scott Millington PHONE: Business — Home (704) 873-1035

ADDRESS 1820 Council Ave Statesville N.C. 28625

LOCATION Hwy 115 N, (L) Midway, (L) Hallmark, 4th drive on left

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 10 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-4-05
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______ 360
Nitrification Field: No ~~Pods~~ 1 Square Feet 1440 Linear Feet 480
No Lines 4@120 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: Grav/Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

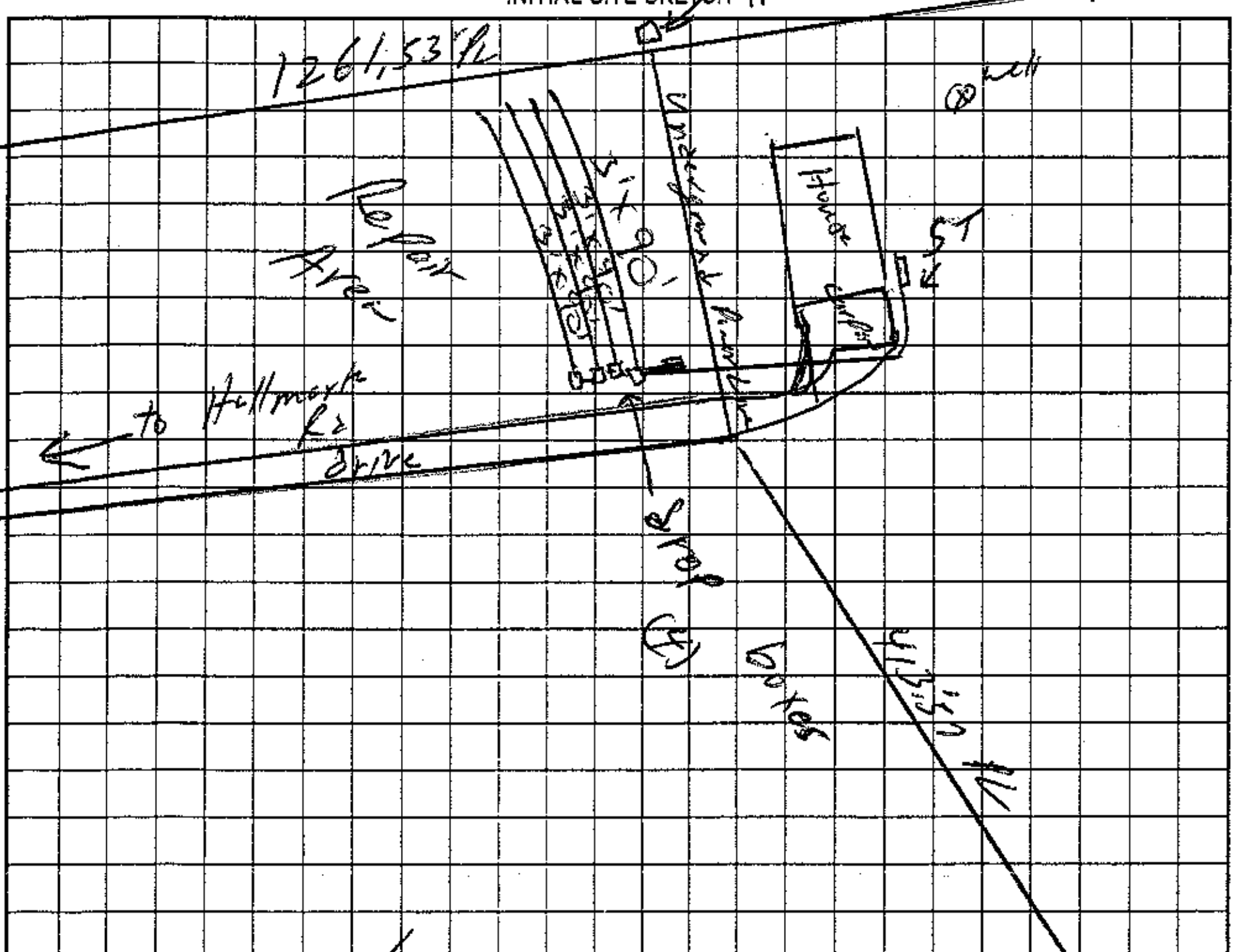
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

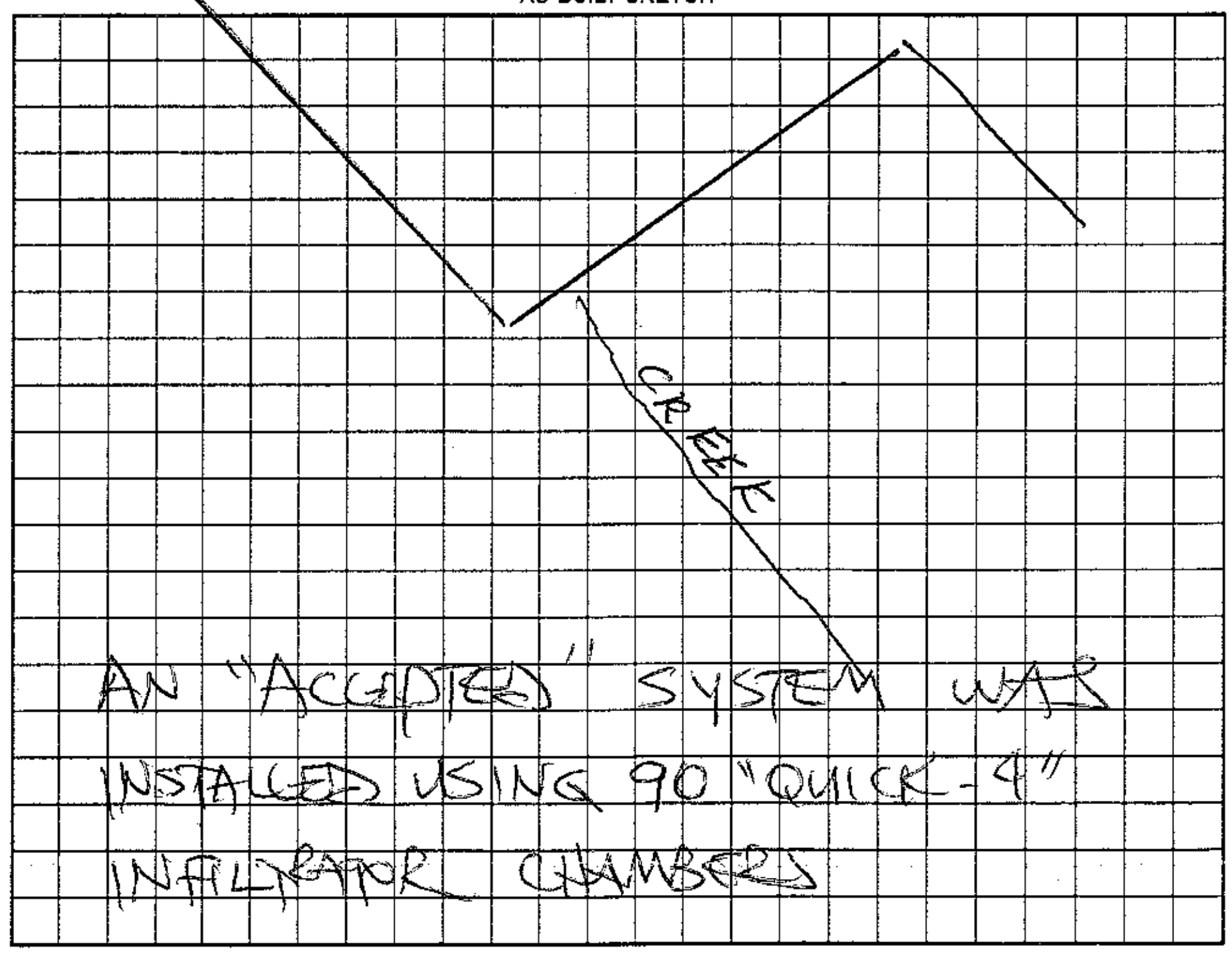
Comments/Conditions: (1) Install Liner on Contour (2) Supply line from Tank to dropboxes 30" deep or ductile iron or equivalent. (3) maintain proper setbacks

Comments/Conditions: SEPTIC TANK WITH RISERS & MARKER INSTALLED USING "TUFTITE" FILTER

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: Scott Millington date 1-27-03 Installed by: PIEDMONT BACKHOE

Improvement Permit by: William O. John date 1/27/03 Operation Permit by: STEVE HEDRICK date 9-20-05

Authorization to Construct by: William O. John date 1/27/03 Existing System Inspection by: ______ date ______

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089253 PIN# 4716993870 (pt) DATE May 22, 2000

OWNER OR CONTRACTOR Scott Millington PHONE: Business 873-1035 Home

ADDRESS 198 Bashwood Dr. Statesville

LOCATION 115 N TL Mulberry Rd. TL Hallmark N 1/3 mile on left 1000' off Road

SUBDIVISION BLOCK / SECTION LOT TRACT 4 LOT AREA 10 Ac SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. No. 25

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120's 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: Grav/pump conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

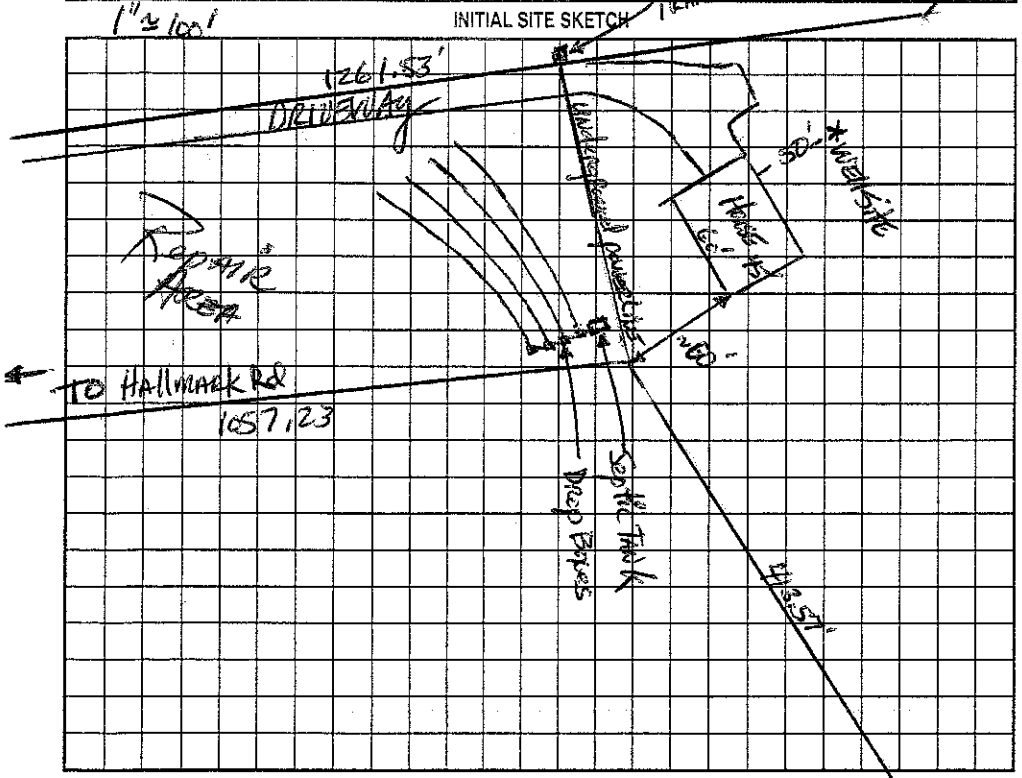
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

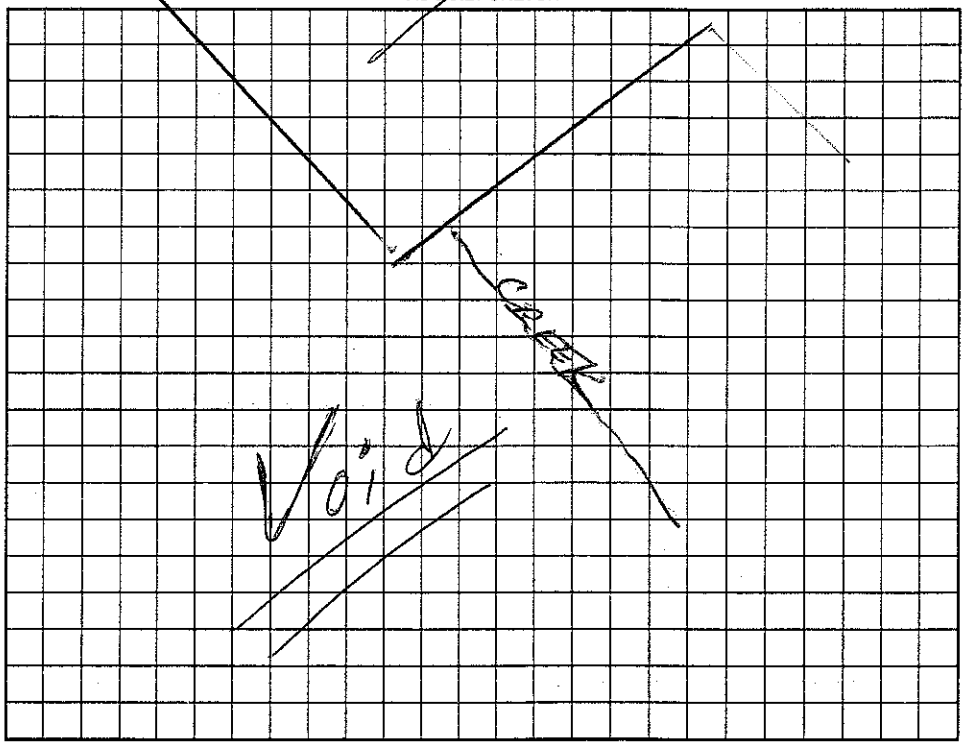
Comments:/Conditions: Individual Laterals flagged on contour.

Comments:/Conditions: Void

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: Rita Partlow date 5-8-00 Installed by:

Improvement Permit by: date 5-22-00 Operation Permit by: date

Authorization to Construct by: date 5-22-00 Existing System Inspection by: date

Void

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