IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075771 PIN# 4717 63 9721

OWNER OR CONTRACTOR VICKIE FRANKLIN

ADDRESS P.O. BOX 6472, STATESVILLE, NC 28687 PHONE: Business 872-7777 Home 592-2174 DATE 8-12-98

LOCATION NC 115 N, TL MIDWAY ROAD, LOT ON LEFT ~ 200 YARDS PAST LAURA JEANE

SUBDIVISION MT. VIEW EST BLOCK / SECTION ____ LOT 47 LOT AREA 5.39 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 821 Date 11-3-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONV, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ~~☐ Mobile Home~~ ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

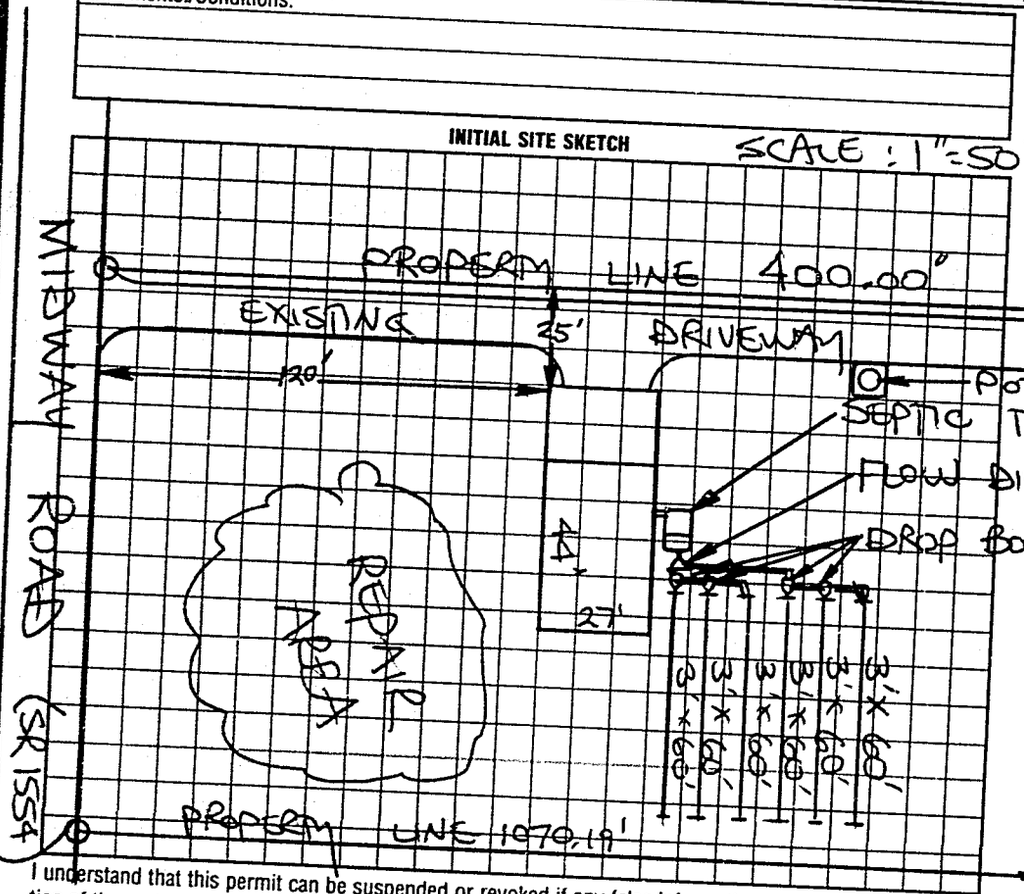
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

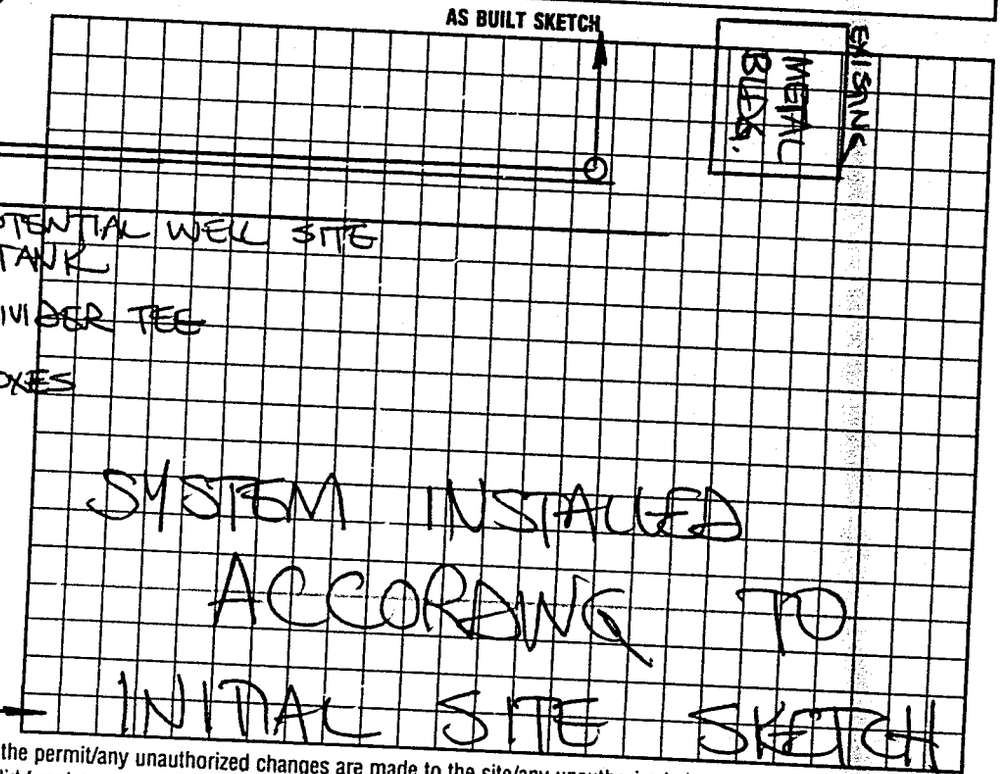
Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1"=50'



AS BUILT SKETCH



I understand that this 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: Vickie Edwards Franklin date 8-12-98

Improvement Permit by: STEVE HEDRICK date 8-12-98

Authorization to Construct by: STEVE HEDRICK date 8-12-98

Installed by: G & M ENTERPRISES

Operation Permit by: STEVE HEDRICK date 12-4-98

Existing System Inspection by: ____ date ____

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