IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104393 PIN# 4717-74-7383 DATE 3/13/02

OWNER OR CONTRACTOR George Hensley PHONE: Business — Home (704) 596-3052

ADDRESS 8049 Pinewood Drive Charlotte N.C. 28269

LOCATION Hwy 115 N (2) on Midway Road on Left across from Cove Gap Road

SUBDIVISION N/A. Non Estate BLOCK / SECTION — LOT 38 LOT AREA 1.75 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons, STB 825 Date 2-5-02
Pump Tank: ____ Gallons, PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: (I) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity Conv.
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

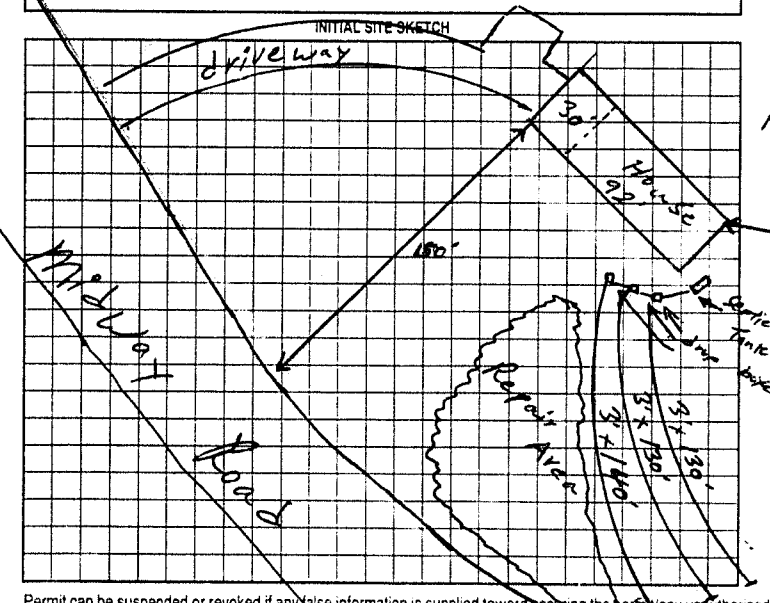
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual X Public ☐ Community

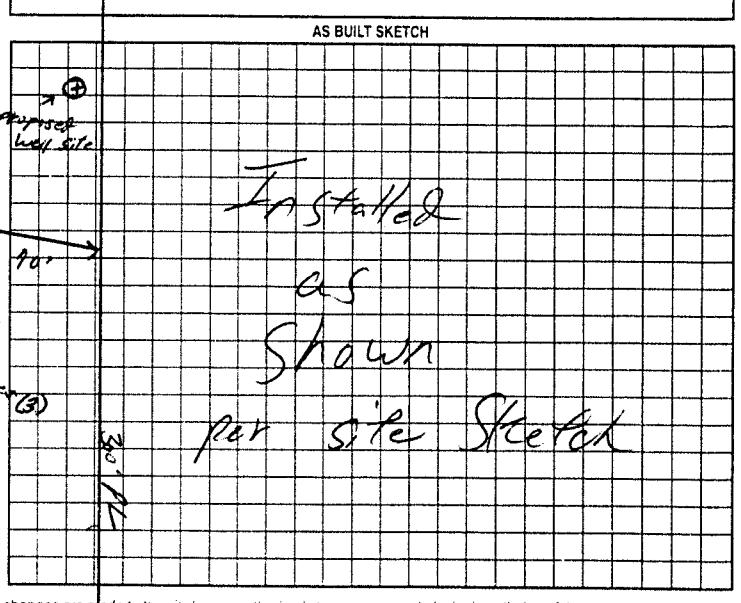
Comments/Conditions: (1) Install pipe on contour (2) Keep System 10 ft from Well 359.53 PL

Comments/Conditions: Poly lok Filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Installed as Shown per site 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 plan 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: D C Hensley date 3/14/02 Installed by: Rowan Septic

Improvement Permit by: William O Johnson date 3/17/02 Operation Permit by: William O Johnson date 3/19/02

Authorization to Construct by: William O Johnson date 3/17/02 Existing System Inspection by: ____ date ____

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