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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139957 PIN# 4719-17-2674 DATE 24 January 07

OWNER OR APPLICANT Ronald + Ann Halverson PHONE: Business (704) 902-9779 Home (704) 592-5050

ADDRESS 127 June Rd. Statesville, N.C.

LOCATION 484 Pisgah Ridge Circle

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 13.7 Ac. SITE CLASS PS DESIGN FLOW 480 gld L.T.A.R. 0.3 gld/ft²

Septic Tank: 1000 Gallons; STB ~~Short~~ Std 7600 Date 9-26-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

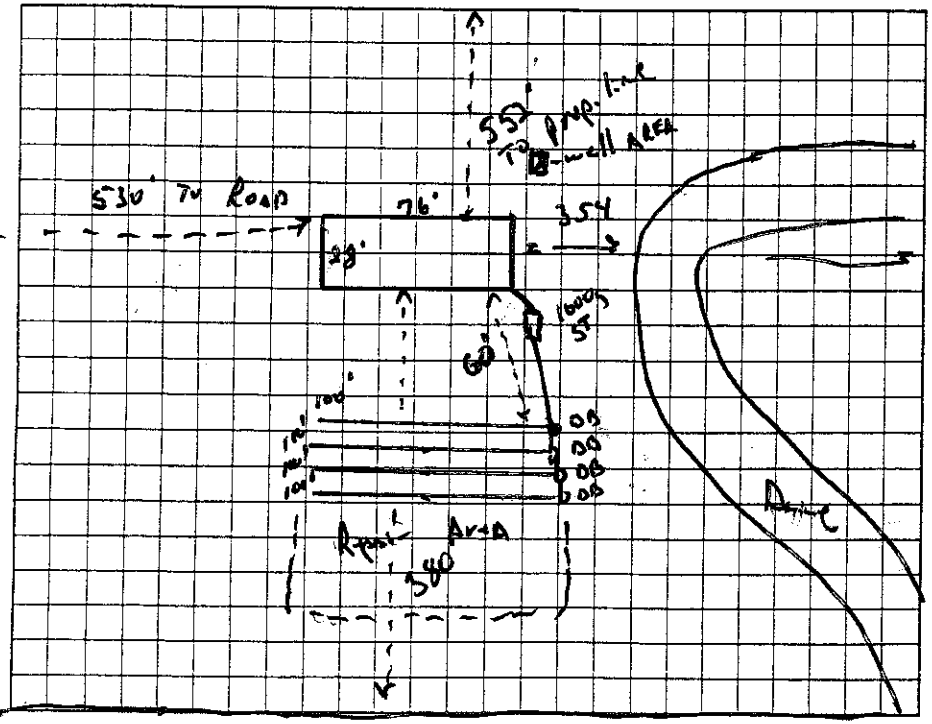
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

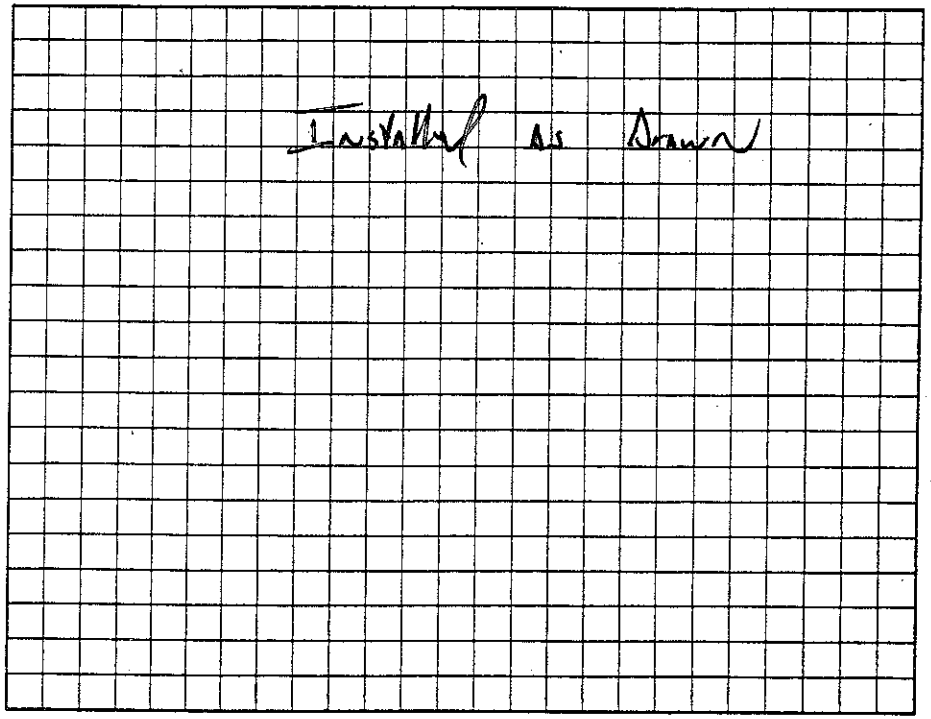
Comments:/Conditions: Follow contour / use 4 drop-boxes

Comments:/Conditions: Filter installed.

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: Brandy Lupton date 1-25-07

Improvement Permit by: _____, R.S. date 25 Jan. 07

Authorization to Construct by: _____, R.S. date 25 Jan. 07

Installed by: Abee Grading

Operation Permit by: _____, R.S. date 6 Feb. 07

Existing System Inspection by: _____ date _____

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