360 x .67 = 241.2 # .7 = 168.84 ÷ 21 = 8.04 ÷ 2 = 4.04 TONNE

Called 6-26-07 @ 11:05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119987 PIN# 4722 79 1255 DATE 6-11-07

OWNER OR APPLICANT CJS CONSTRUCTION PHONE: Business 704 490-4485 Home 704-663-1778

ADDRESS 132-2 South Main St Mooresville NC 28115

LOCATION BUFFALO SHOALS WEST ① DAVIDSON ② Winding Cedar ③ Short Pine on Right 1st SIDE

SUBDIVISION DAVIDSON WOODS BLOCK / SECTION II 34 & 34 LOT AREA [redacted] SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 160 Date 7-5-06
Pump Tank: 1000 Gallons; PT 519 Date 6-26-06
Pump Make: ZOELLER Model N-153-A Serial No. PN-152-000
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 36"
No Lines 4x90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: pm 25% REDUCTION
Repair System Description: LOW PRESSURE SD 1 MODIFIED
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

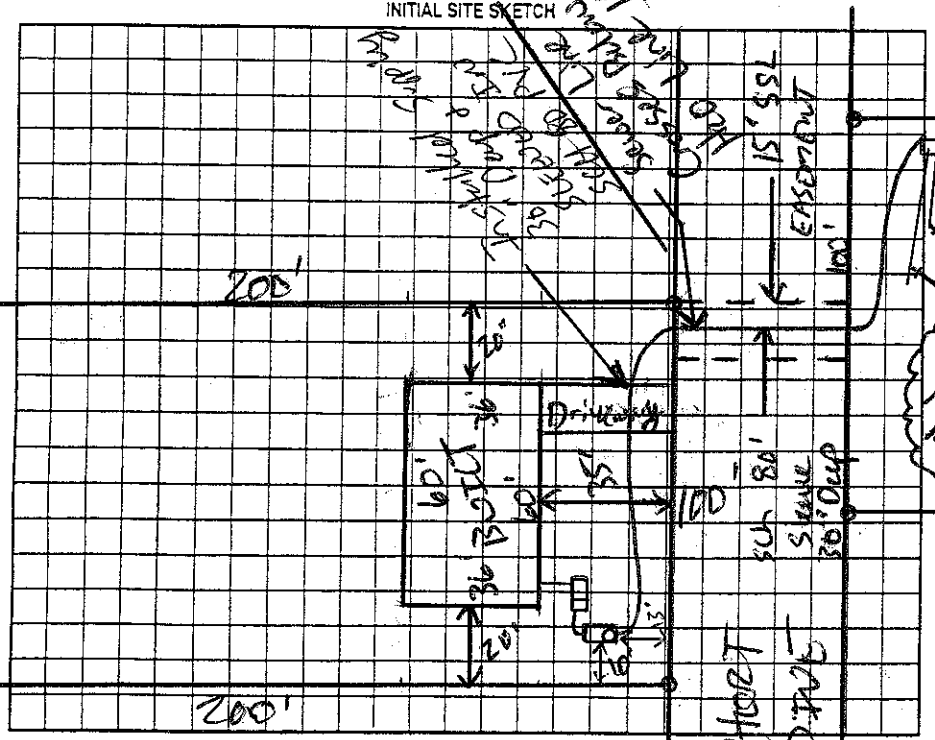
Water Supply: ☐ Individual ☐ Public ☒ Community

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

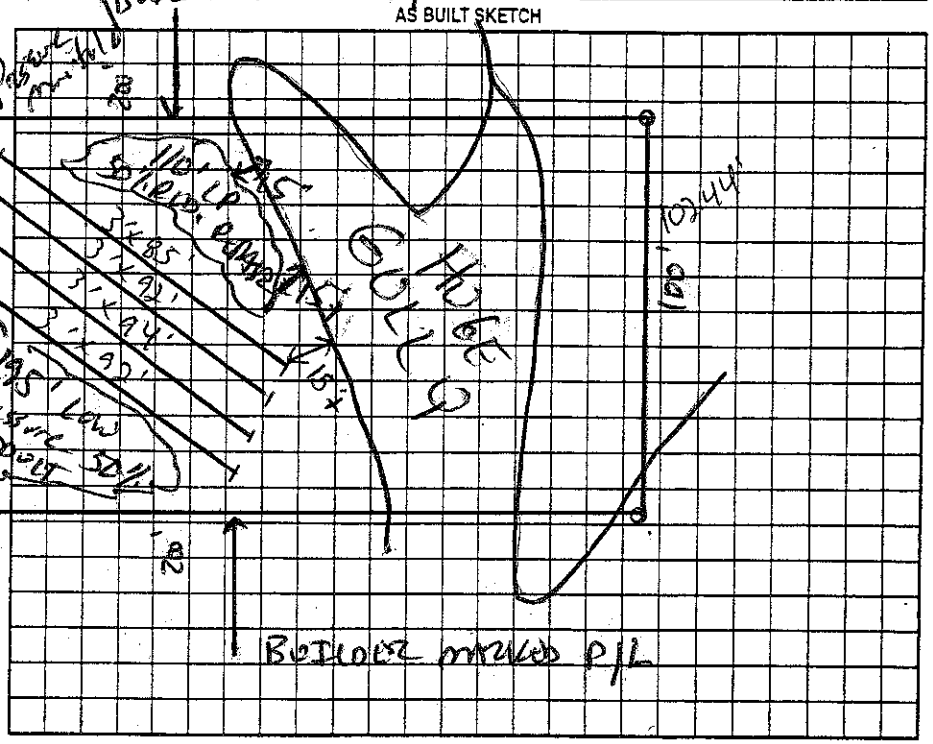
Comments/Conditions: ① This is a limited Re/Layout ② Repair Area Staked in on offsite & previous SD. 1 work completed by DAVID Hinson, R.S.

Comments/Conditions: Poly Line F: the manner

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: Betty Combs date 6-29-07 Installed by: Scotty Cagle

Improvement Permit by: [signature] date 6-11-07 Operation Permit by: [signature] date 6-11-07

Authorization to Construct by: [signature] date 6-11-07 Existing System Inspection by: _____ date _____

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

