IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 8/24/01

PERMIT# 101970 PIN# 4722-81-1648

OWNER OR CONTRACTOR Anthony H. Ball PHONE: Business — Home (704) 528-9144

ADDRESS Powder Creek Rd Statesville, N.C. 28677

LOCATION North on Co, Go on Turnpike Falon Go on Powder Creek Road 3rd on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.214 SITE CLASS PF DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1012 Date 7-23-01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Conv.

Repair System Description: Gravity Conv.

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

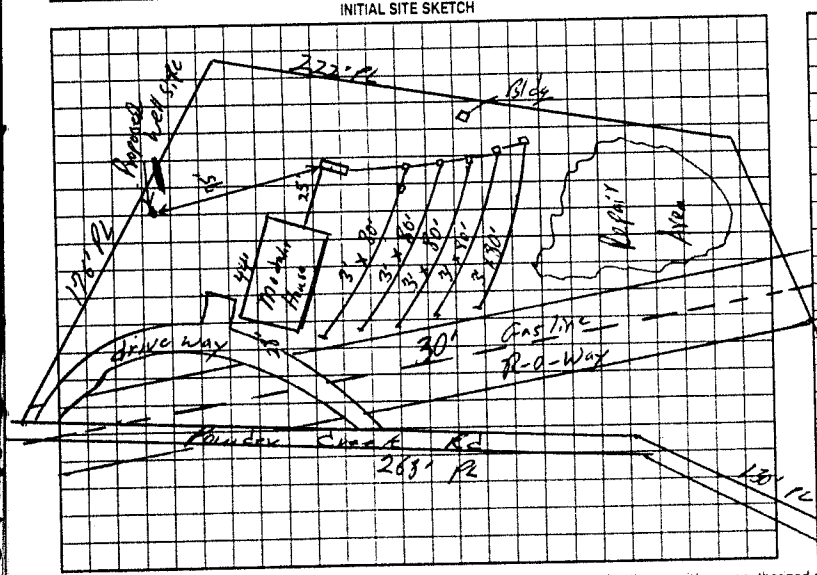
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: ① Install Lines on Contour ② Keep System min 75 From well

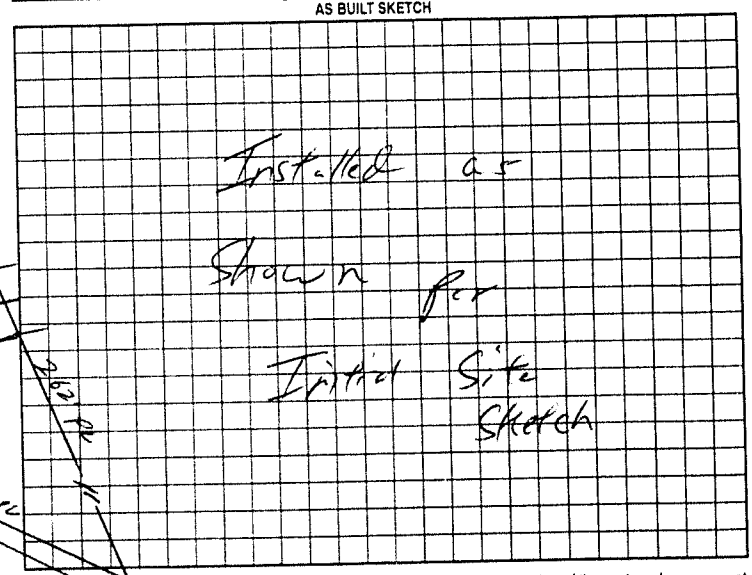
Comments/Conditions:

- Septic Tank Risers Installed
- Poly Lok Filter Installed.
- Well Shot From Spon System

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: [signature] date 8-24-01

Improvement Permit by: [signature] date 8/24/01

Authorization to Construct by: [signature] date 8/24/01

Installed by: Dale Wingler

Operation Permit by: [signature] date 11/27/01

Existing System Inspection by: date

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