IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4723-00-2559 DATE 2/28/02

OWNER OR CONTRACTOR Mark Davis PHONE Business — Home (704) 528-3331

ADDRESS 996 Old Mtn Rd. Statesville NC 28677

LOCATION Hwy 90W, (2) off Mtn Rd, Cross Main Trucking lot Right on R.H.

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.06 Ac SITE CLASS P5 DESIGN FLOW 480 L.T.A.R. ____

Septic Tank: Ex. 1,500 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 510 Linear Feet 170'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: A

Repair System Description: Conv. / Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

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

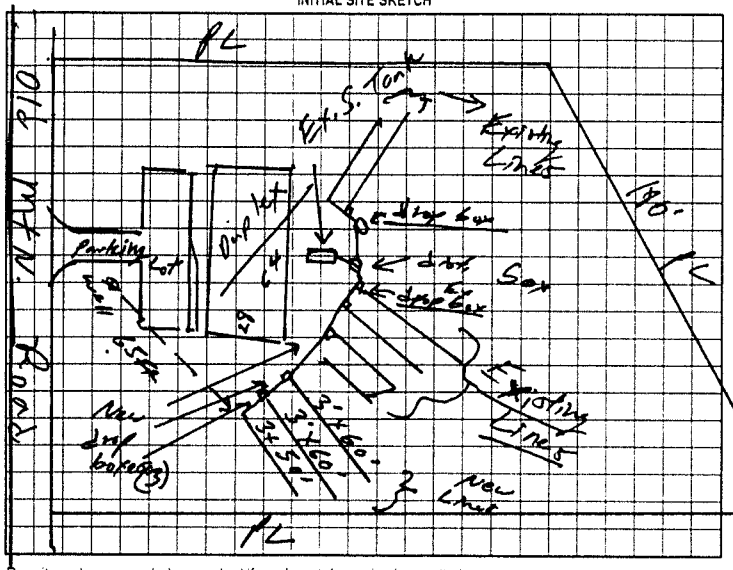
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ① Add three lines on contour ② maintain proper Setback ③ Recp 65 Ft from well

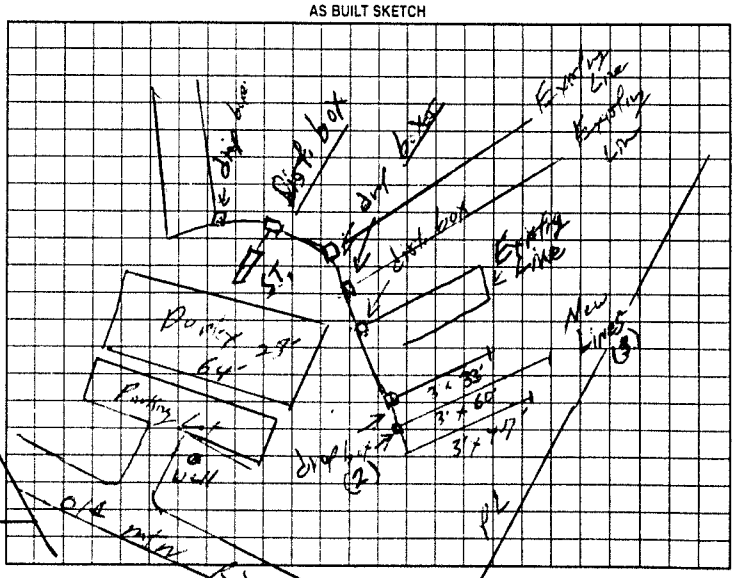
(Original Permit #055492 - 7-2-97)

Comments/Conditions: Added three (3) Lines 33', 60', & 49' with 26" of Gravel

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 2-28-02 Installed by: James Husky

Improvement Permit by: William C. Johnson date 2/28/02 Operation Permit by: William C. Johnson date 3/7/02

Authorization to Construct by: William C. Johnson date 2/28/02 Existing System Inspection by: ____ date ____

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