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# 4724-02-3893 DATE 10/7/02

OWNER OR CONTRACTOR Rudolf F. Davis PHONE: Business — Home (704) 873-4007

ADDRESS 176 Jamie Dr. Statesville N.C. 28677

LOCATION Hwy 70 W to Ashbrook Rd on Jamie Dr. House on Right

SUBDIVISION Ashbrook Park BLOCK / SECTION — LOT 14 LOT AREA — SITE CLASS. — DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Gallons: STB 794 Date 4-2-02
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No —
Nitrification Field: No Fields 1 Square Feet Ex Linear Feet Ex
No Lines Ex Trench Width Ex Max Trench Bottom Depth — Gravel Depth —

☐ New System ☒ Repair System Type: ☐ I ☐ II ☐ III, IV, V, VI
System Description: Crush & Fill Repair Tank
Repair System Description: Replace Tank
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

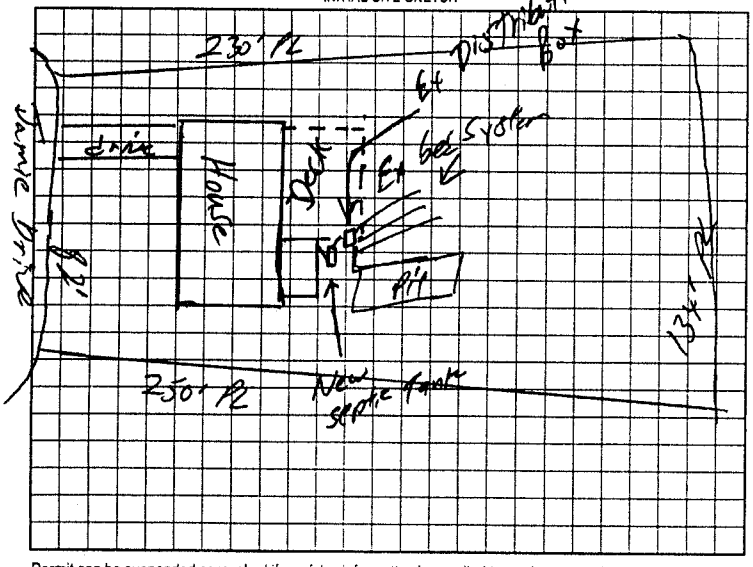
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Crush & Fill Existing Septic Tank ② Replace with New Tank ③ Repair Ditch box.

Comments/Conditions: BOX REPAIRED ZABEL FILTER

(Not To Scale)

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: Rudolf F. Davis date 10/7/02

Improvement Permit by: William O. Johnson date 10/9/02

Authorization to Construct by: William O. Johnson date 10/9/02

Installed by: WES LITTON

Operation Permit by: Tim Cook RS date 10-8-02

Existing System Inspection by: — date —

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