Permit #108038

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# City of Statesville PIN# 4724-53-[redacted]3344 DATE 8/16/02

OWNER OR CONTRACTOR William L. Alton PHONE: ~~Business~~ Cell (704) 500-8106 Home (704) 873-0790

ADDRESS 273 Gilbert Road Statesville N.C. 28677

LOCATION Hwy 70W, go past Bristol Drive, at corner of Reynolds Road + Hwy 70

SUBDIVISION ALTON Property BLOCK / SECTION — LOT (1) LOT AREA 1.31 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons; STB 1000 Date 2-28-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet approx 1280 Linear Feet 200

No Lines 4 @ 50 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity - 50% Reduction

Repair System Description: Pump - 50% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

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

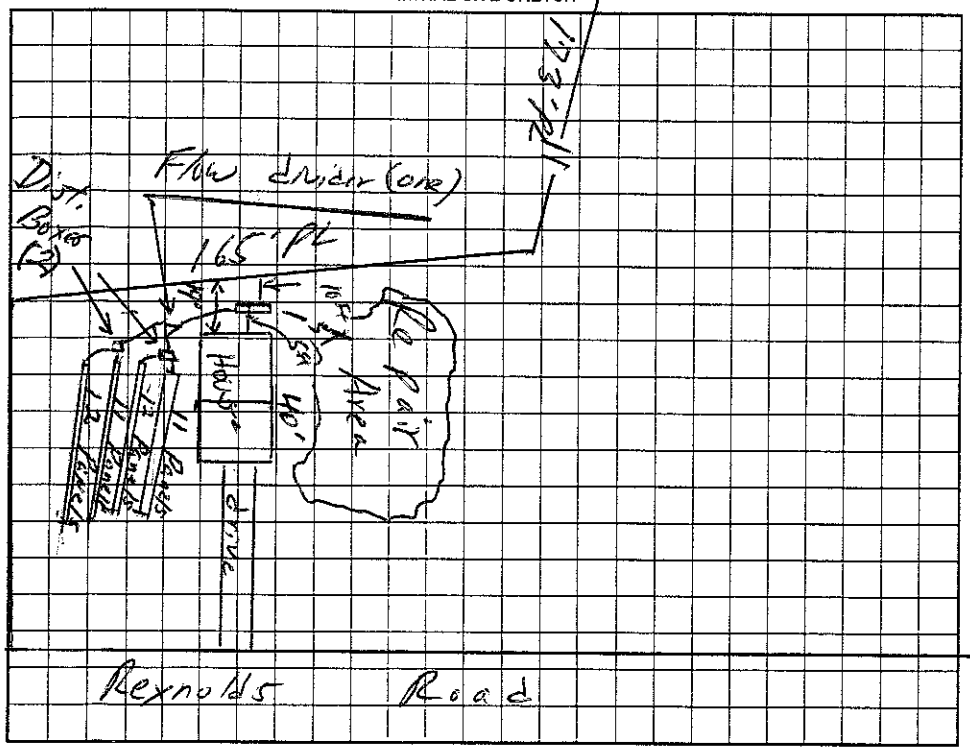
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) Install 46 Panels w/33 Tons of Sand (2) Install Flow divider tee with (2) two distribution boxes (3) maintain proper setbacks

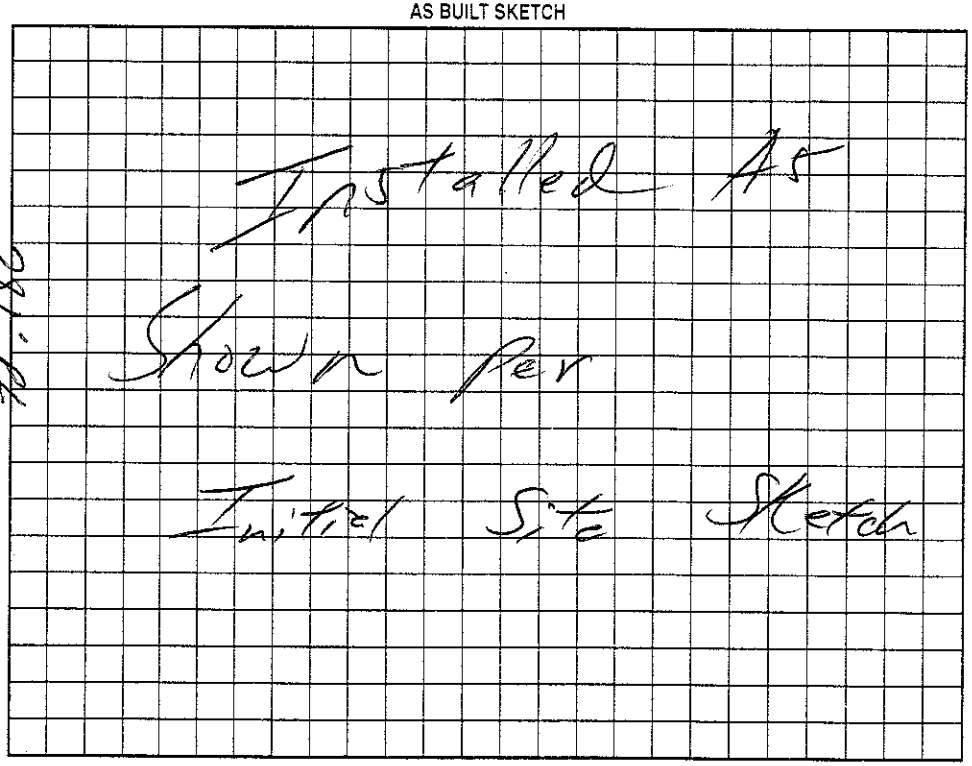
12-12

Comments/Conditions: -Polylok Filter + S.T. marker 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: Willard L. Alton date 8-16-02 Installed by: James Husker

Improvement Permit by: William O. Johnson date 8/16/02 Operation Permit by: William O. Johnson date 4/16/03

Authorization to Construct by: William O. Johnson date 8/16/02 Existing System Inspection by: _____ date _____

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