This Permit Voids All Previous Permits 12-5-96 5-7-99

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# Tax Map# 6K9A 5152;55, 55A / 6K-10-A-10, 11 DATE 5-14-99

OWNER OR CONTRACTOR Old Towne Mobile Home PHONE: Business 873 1481 Home _____

ADDRESS 2016 Northside Dr Statesville NC

LOCATION 3R istol DR (L) Green Crest Rd (L) Central (R) Parker Lane Last Lot on Right

SUBDIVISION Sherr, II Estates BLOCK / SECTION II LOT 445 LOT AREA 93K Sq Ft plus SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-21-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 X 100 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: Conv Capacity
Repair System Description: Reduction on Pump
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home No. Bedrooms ____
[X] Mobile Home Tri. No. Bathrooms ____ Wide
[ ] Business No. Employees ____
[ ] Other _____

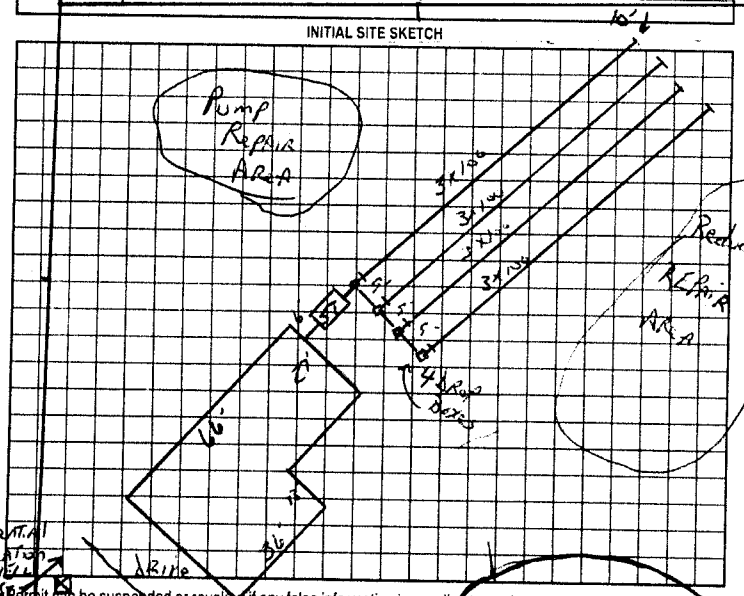
Water Supply: [X] Individual [ ] Public [ ] Community

WE11

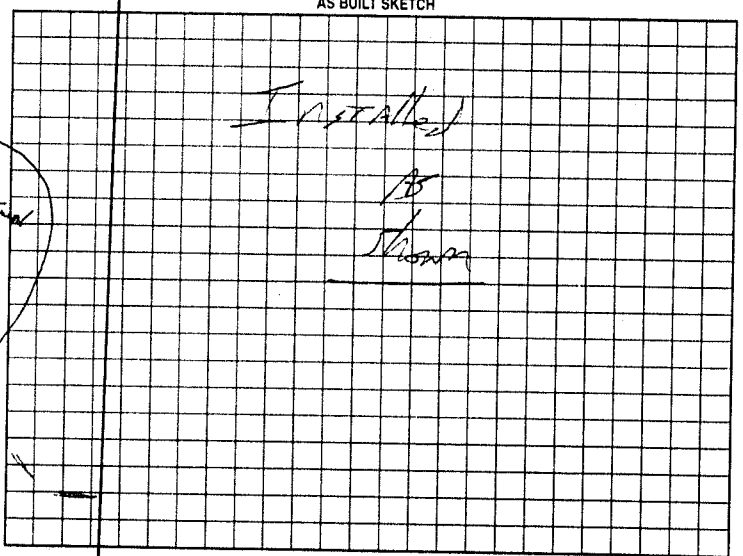
Comments/Conditions: (1) Install Lines on Contour (2) Remove Terrace (3) Landscape to Provide Drainage
*This Permit Voids All Previous Permits

Comments/Conditions:

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: Earline Brewer date 5-14-99
Improvement Permit by: _____ date 5-14-99
Authorization to Construct by: _____ date 5-14-99

Installed by: Craig Compson
Operation Permit by: _____ date June 899
Existing System Inspection by: _____ date _____

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