IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10568 PIN# 4725-53-3997 DATE 8/24/01

OWNER OR CONTRACTOR David Gray PHONE: Business (704) 507-5145 Home (704) 872-3832

ADDRESS 864 Old Griffith Farm Rd Statesville NC 28677

LOCATION Hwy 90 (R) Monticello School Rd (R) Winter Pine Rd Property on Right as Curve

SUBDIVISION _____ BLOCK / SECTION — LOT 21, 22 LOT AREA .76 Acres SITE CLASS. 75 DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 794 Date 5-14-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 344

No Lines 4@36' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

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

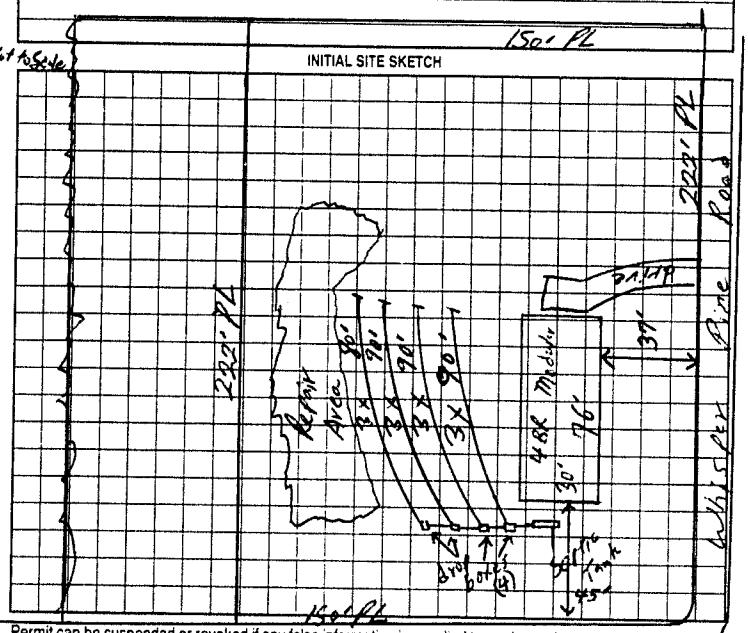
Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: (1) Install on Contour. (2) Use Chambers # of 35 - 10FT HOES Sections

Comments/Conditions: -350FT HOES Sections Installed -2abc1 filter Installed -Septic Tank marker Installed

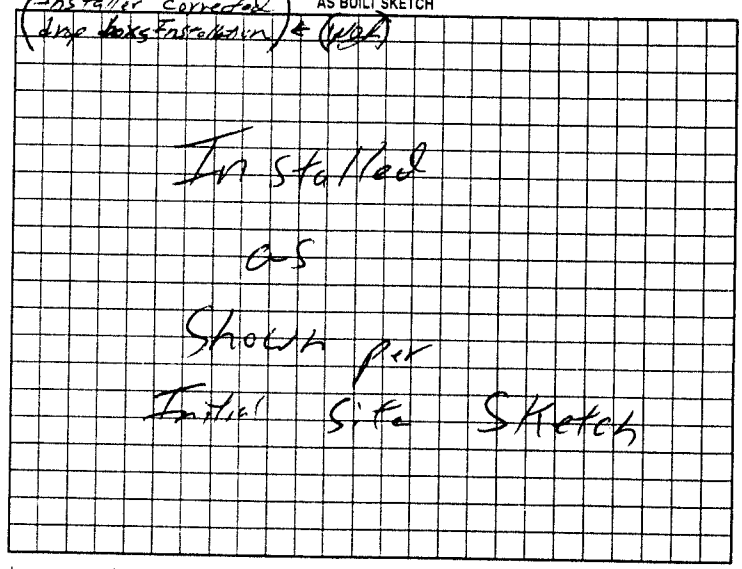
INITIAL SITE SKETCH

Not to Scale



AS BUILT SKETCH

(Installer Corrected drop boxes Installation) ± (Wet)



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: _____ date _____

Improvement Permit by: William E. Johnson date 8/24/01

Authorization to Construct by: William E. Johnson date 8/24/01

Installed by: Perry Laney

Operation Permit by: William E. Johnson date 10/16/01

Existing System Inspection by: _____ date _____

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