IREDELL COUNTY HEALTH DEPARTMENT

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

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

CJ

PERMIT# 116359 PIN# 4925-74-4596 DATE 10/23/03

OWNER OR CONTRACTOR Todd T. Rhyne PHONE: Business — Home (704) 876-2124

ADDRESS 86 White Farm Rd Statesville N.C. 28677

LOCATION Hwy 90 West (R) Monticello Dr. (R) on Monte Vista Drive Right (@ 114 Monte Vista Dr)

SUBDIVISION Monticello Heights BLOCK / ~~SECTION~~ A LOT 5,6,7,8 LOT AREA 29,000 Sq Ft SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1612 Date 10-21-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eqv to 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] 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

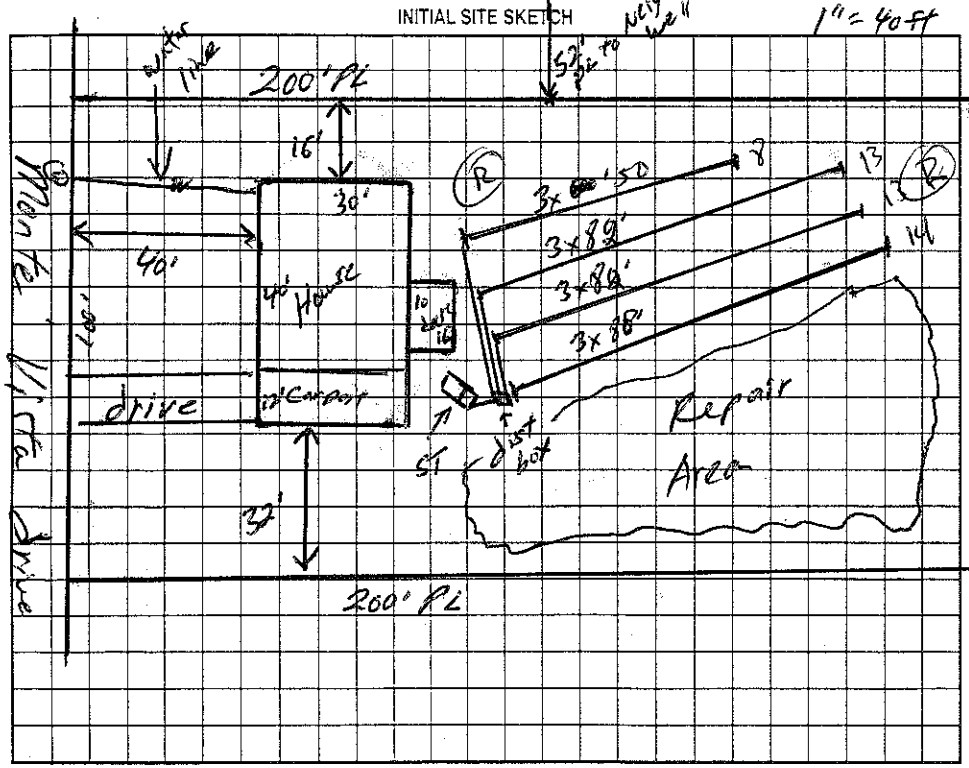
Comments:/Conditions: ① maintain proper setbacks ② keep max distance possible away from all wells.

Comments:/Conditions: TUFFTITE FILTER & MARKER

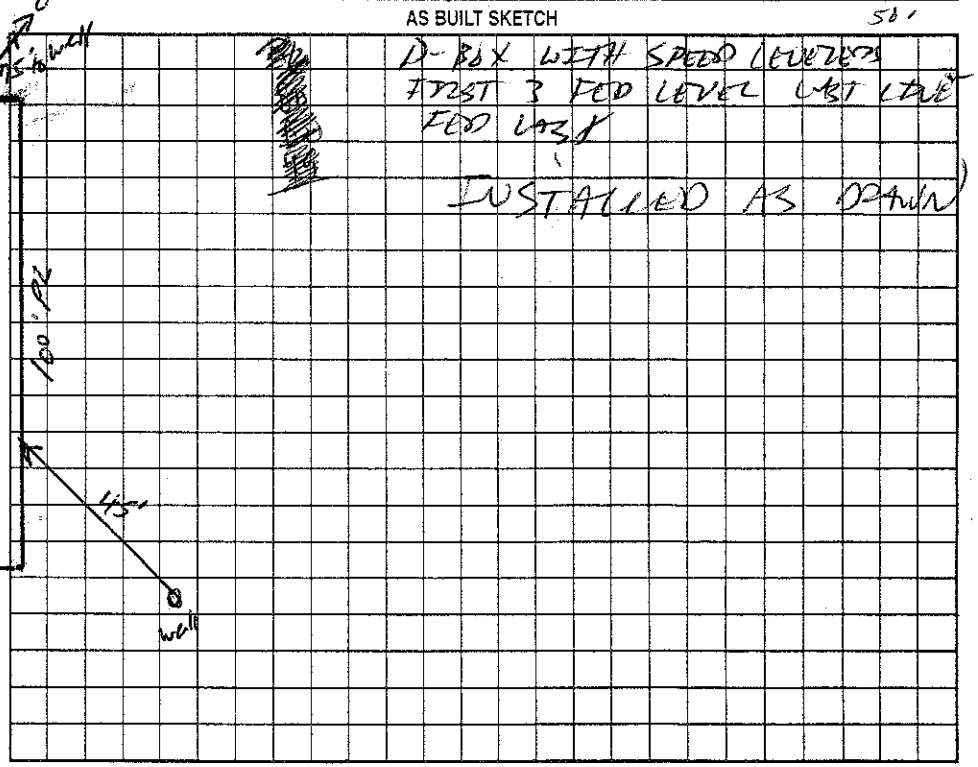
48 CHAMBERS, AFTER SYSTEM INSTALLED

LITTLE SLEEPER OF REPAIR BELOW & ATENDS

INITIAL SITE SKETCH 1" = 40 ft



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: Todd T. Rhyne date ____ Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 10/23/03 Operation Permit by: [signature] date 5-5-04

Authorization to Construct by: William O. Johnson date 10/23/03 Existing System Inspection by: ____ date ____

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