IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103876 PIN# 4725-98-7413.B DATE 1/16/02

OWNER OR CONTRACTOR George Mahaffey PHONE: Business — Home (704) 871-1243

ADDRESS 2102 Old Lincolnton Hwy Statesville N.C 28625

LOCATION 115 & 21 on old Lincolnton Hwy, (R) on Creekside Drive, 1st drive on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. ~~.35~~ sq ft

Septic Tank: Ex. 1000 Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 150'
No Lines 2 @ 75' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity; Reduction
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth — ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

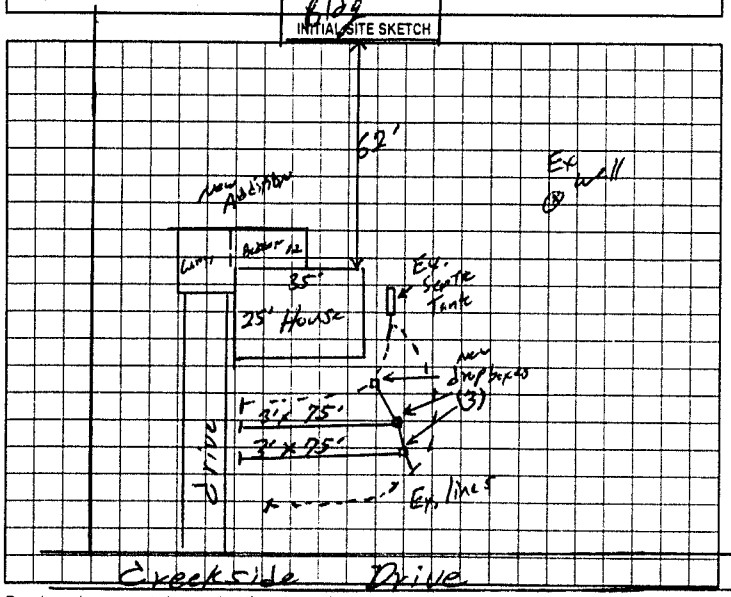
X House/Mod. Home No. Bedrooms ~~3~~ 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual X Public ☐ Community

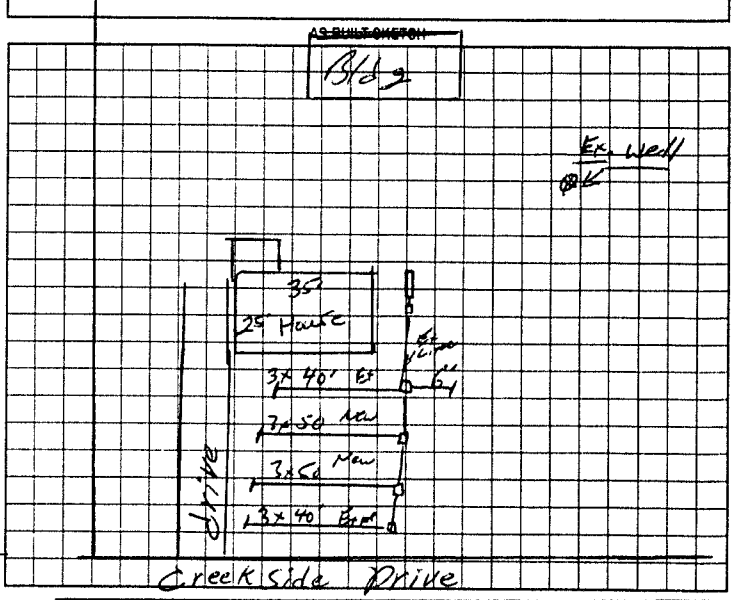
Comments/Conditions: 1) Add (2) two new lines 75 ft in length using 25% Red. System (Chambers or HDES System).

Comments/Conditions: (Pumped existing Septic Tank) Installed 16 Infiltrator Chambers didn't Add Bedroom - Kept House 2 Bedroom.

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: George Mahaffey date _____ Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 1/16/02 Operation Permit by: William O. Johnson date 2/14/02

Authorization to Construct by: William O. Johnson date 1/16/02 Existing System Inspection by: _____ date _____

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