IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CF) MOORESVILLE 704-664-5281

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

PERMIT# 120488 PIN# 4726-02-4321 DATE 7/21/04

OWNER OR CONTRACTOR TBJ Properties PHONE: Business (704) 902-4618 Home (704)

ADDRESS [redacted] 161 Baringer Drive Statesville N.C. 28625

LOCATION Hwy 115 N @ Scotts Creek Rd, @ Celtic Ridge @ on Nathaniel Circle @ end on Left

SUBDIVISION Celtic Ridge BLOCK / SECTION — LOT 22 LOT AREA .487 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 3-25-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 50-10/200 Linear Feet 300

No Lines Five(5) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity, 25% reduction

Repair System Description: Lateral

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

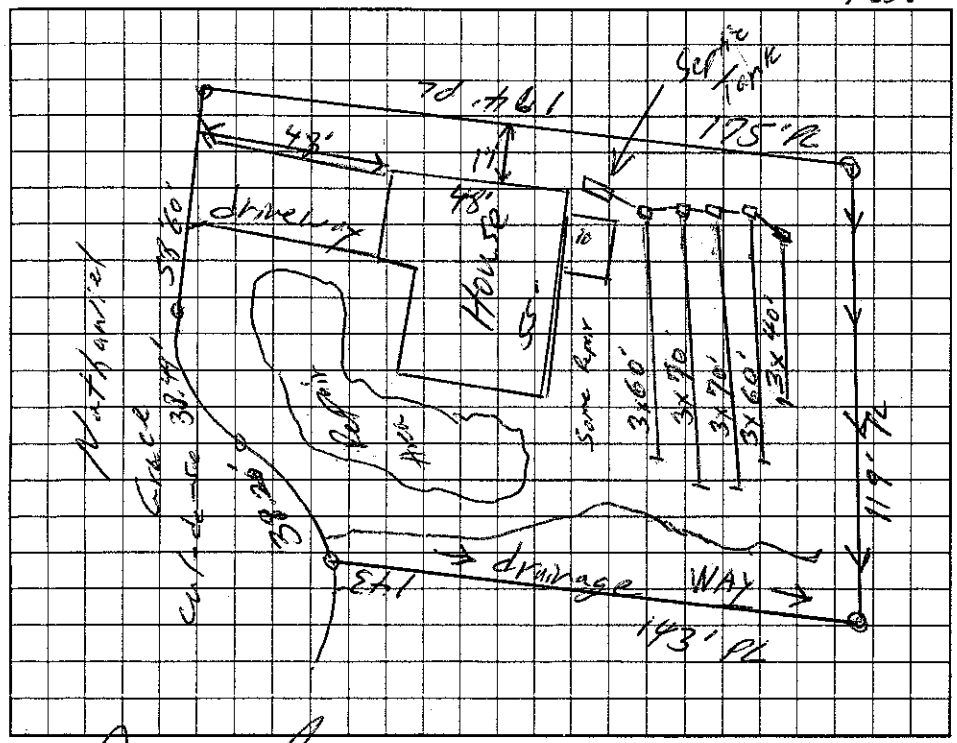
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: @ Install lines on contour @ move drainage to 10 ft drainage easement area on this lot.

Comments:/Conditions: TUFF-TITE Filter MARKED

INSTALLED AS DRAWN

INITIAL SITE SKETCH 1"=50'



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: [signature] date 7/21/2004 Installed by: Steve JORDAN

Improvement Permit by: William E Johnson date 7/21/04 Operation Permit by: [signature] date 10-5-05

Authorization to Construct by: William E Johnson date 7/21/04 Existing System Inspection by: ____ date ____

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