See attached building addition on lot 12.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131097 PIN# 4726028659 DATE 9-18-05

OWNER OR CONTRACTOR William T. Marlow PHONE: Business 704-878-0110 Home 878-0110

ADDRESS 124 Emma Ln Statesville NC

LOCATION 115 N Scotts Creek RD (R) @ Celtic Ridge (R) Dundee Ct last on right #13

SUBDIVISION Celtic Ridge BLOCK / SECTION ______ LOT 13 (12) LOT AREA .5 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6-8-05
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1200 Linear Feet 320
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: 25% Gravel
Repair System Description: 25% - Gravel
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______

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

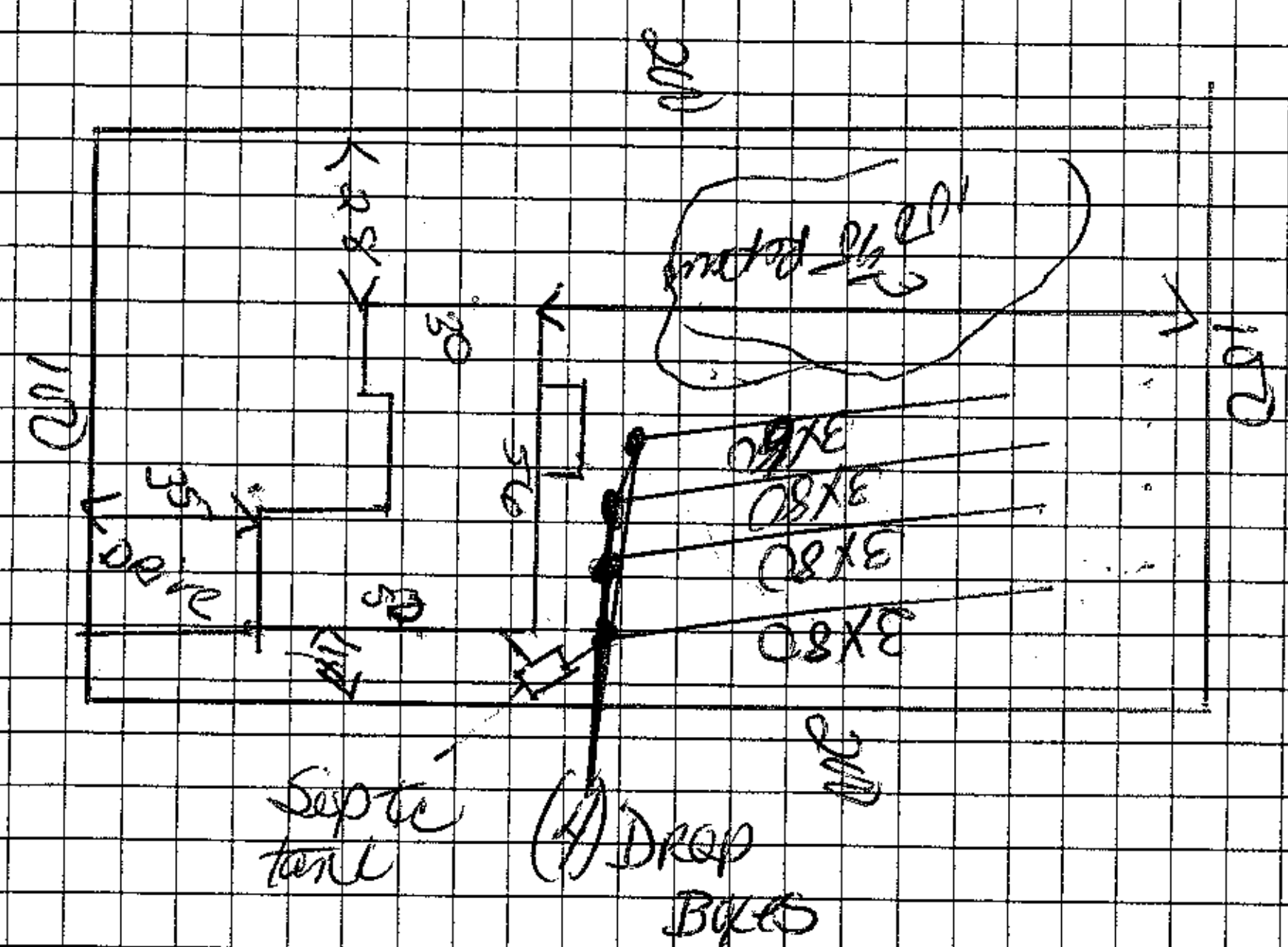
Water Supply:
☐ Individual
☑ Public
☐ Community

Comments:/Conditions: Install on contour. Maintain all setbacks

Comments:/Conditions: Yellow Filter w/ risers w/ ST markers

Site Address: 114 E Dundee Ct.

INITIAL SITE SKETCH



AS BUILT SKETCH

As drawn

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: William T Marlow date ______
Improvement Permit by: Reel Cook date 9-18-05
Authorization to Construct by: Reel Cook date 9-18-05

Installed by: Steve Jordan
Operation Permit by: James [signature] date 2-2-06
Existing System Inspection by: ______ date ______

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