CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119189 PIN# 4926-03-3417 DATE 3/30/04

OWNER OR CONTRACTOR Michael Levan PHONE: Business (704) 873-9180 Home —

ADDRESS P.O. Box 1717 Statesville N.C. 28687

LOCATION Hwy 115 N, @ Scotts Creek Rd, @ on Celtic Ridge @ on Edinburgh Rd 4th Lot on Right

SUBDIVISION Celtic Ridge BLOCK / SECTION — LOT 37 LOT AREA .96 Acre SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft 2

Septic Tank: 1000 Gallons; STB 1007 Date 12-1-05

Pump Tank: 1000 Gallons; PT 974 Date 12-7-05

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet Eq to 1440 Linear Feet 360'

No Lines 5@72' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

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

System Description: Pump 25% Reduction

Repair System Description: 2 Panels

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other —

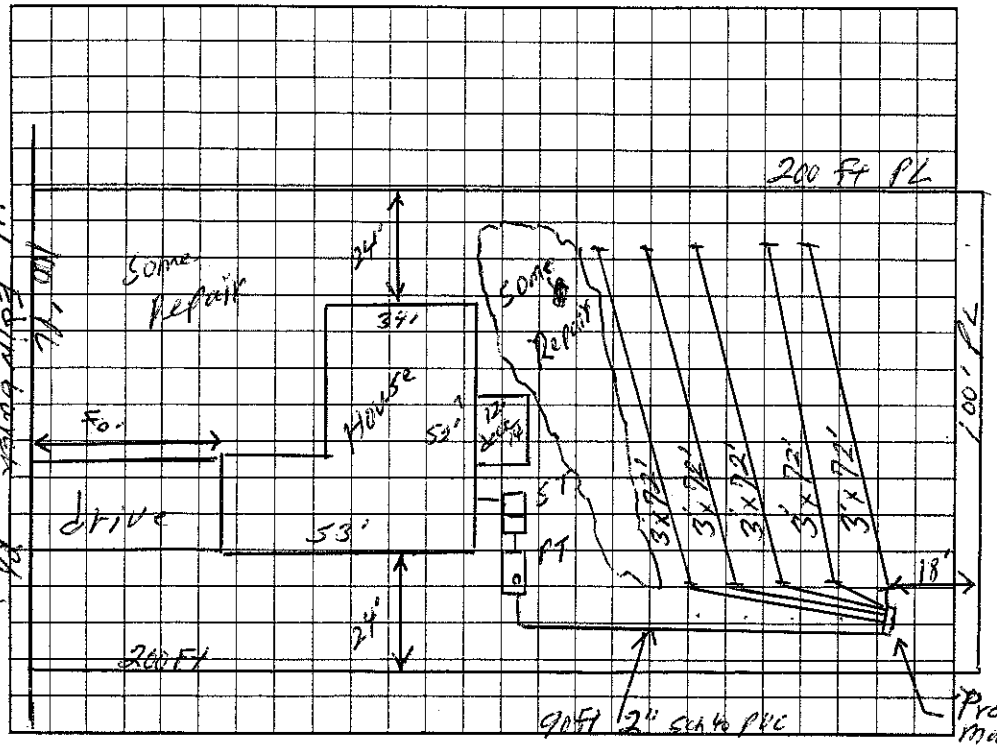
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: — Attachments "A" & "B" are part of this permit.

Comments:/Conditions:

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: Michael Levan date 5/5/04 Installed by: James Hudler

Improvement Permit by: William O. Johnson date 3/30/04 Operation Permit by: James Hudler date 3/29/06

Authorization to Construct by: William O. Johnson date 3/31/04 Existing System Inspection by: — date —

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