IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111528 PIN# 4926-02-3886-03-8124 DATE 3/24/03

OWNER OR CONTRACTOR Petree/Styron Builders, LLC PHONE: Business (828) 478-5083 Home —

ADDRESS 2900 Trent Pines Court, Sherrills Ford, N.C. 28673

LOCATION Hwy 115 N. @ Scotts Creek Rd, @ Celtic Ridge Dr. @ E. Edinburgh, 2nd on right

SUBDIVISION Celtic Ridge BLOCK / SECTION — LOT 6 LOT AREA ± 4.60 Ac. SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: _____ Gallons; STB 1012 Date 3-26-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model Eqv to Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines _____ Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Reduction, Gravity
Repair System Description: 50% Reduction, Pump
Maintenance Agreement Required: ☐ Yes ☒ No

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

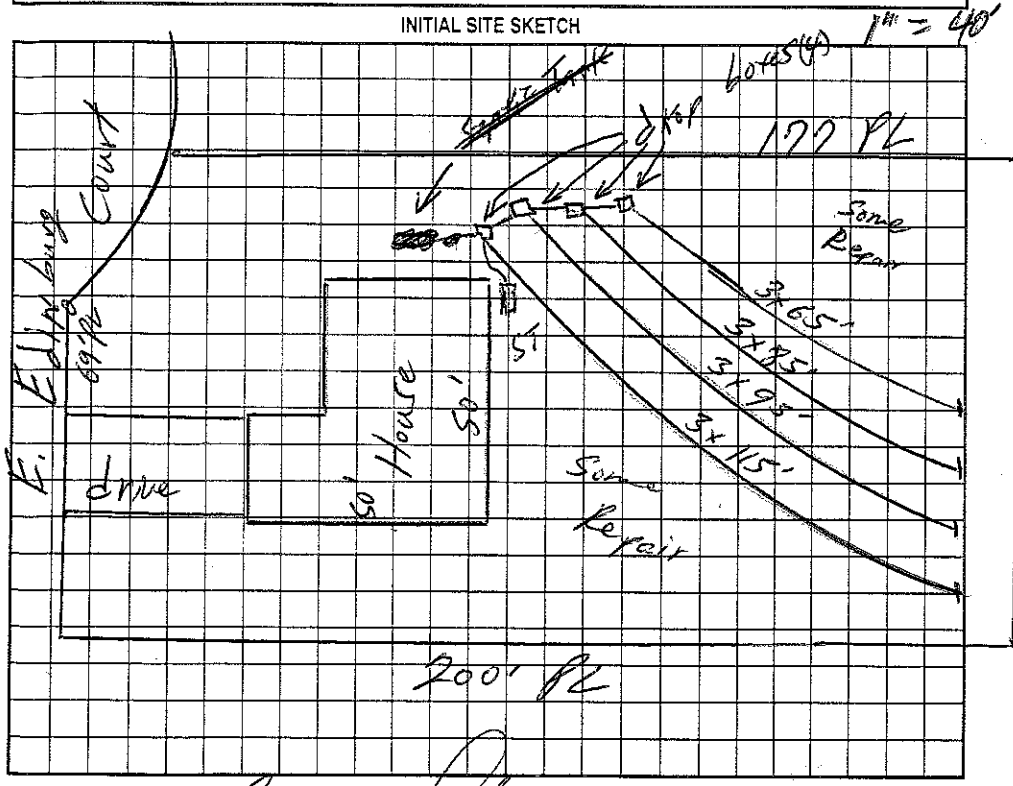
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

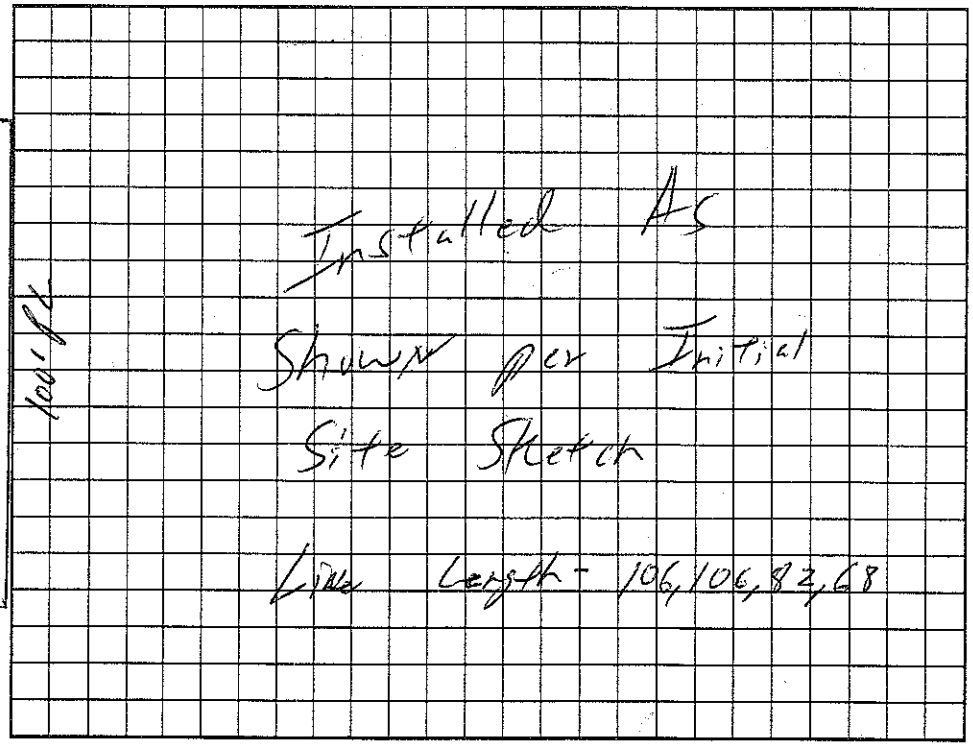
Comments:/Conditions:

Comments:/Conditions:
Tuff Tite filter + ST monitor Installed
58 Infiltrator Chambers Installed.

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: _____ date 3/28/03 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 3/28/03 Operation Permit by: William O. Johnson date 1/8/04

Authorization to Construct by: William O. Johnson date 3/28/03 Existing System Inspection by: _____ date _____

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