IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4034581039?5 PIN# 4726-40-9638

OWNER OR CONTRACTOR A. J. Building Co PHONE Business (704) 880-4182 DATE 12/12/01

ADDRESS 147 Hunter Ridge Lane Statesville N.C. 28625 Home (704) 871-0940

LOCATION Hwy 115 N @ Scotts Creek Rd. @ Mike Farm Rd, @ Antler Drive, @ Red Buck Loop @ Ridge Gate, 1st on left.

SUBDIVISION Deercroft BLOCK / SECTION — LOT 160 LOT AREA .63 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons, STB 1012 Date 10-19-01
Pump Tank: ____ Gallons, PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type ☐ II ☐ IV ☐ V ☐ VI
System Description: Gravity, Conventional
Repair System Description: Pump (2) Grav. 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

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

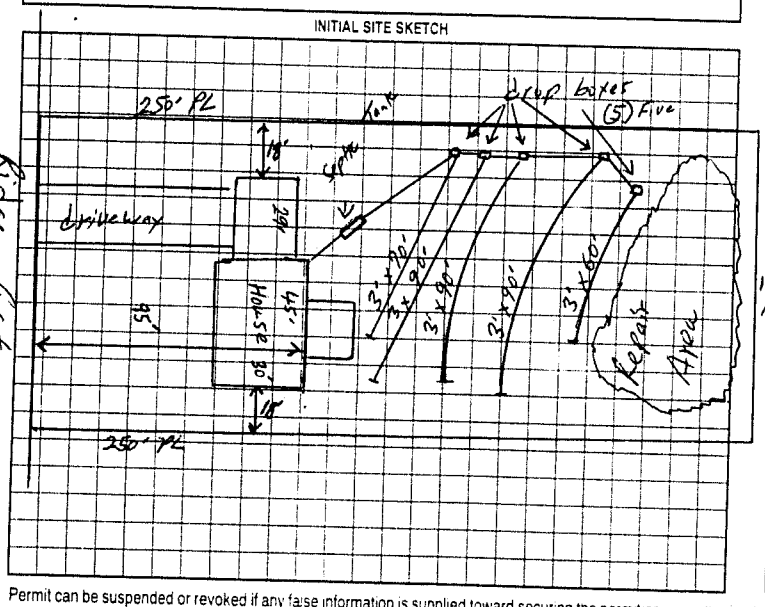
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

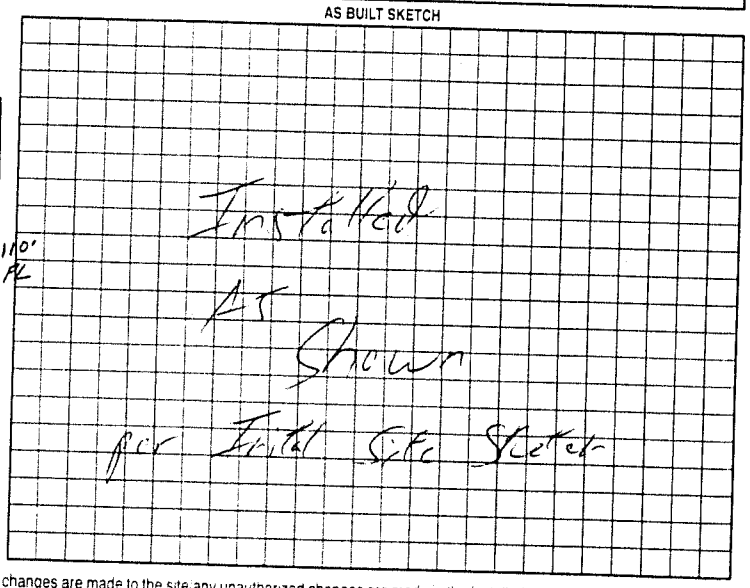
Comments/Conditions: ① Do not install when wet ② Maintain Proper Setbacks.

Comments/Conditions: - Poly Lok Filter Installed - Septic Tank marker 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: Jeff Whitlow date 12/12/01 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 12/12/01 Operation Permit by: William O. Johnson date 1/31/02

Authorization to Construct by: William O. Johnson date 12/12/01 Existing System Inspection by: ____ date ____

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