IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094826 PIN# 4726-51-0804 DATE 11/14/02

OWNER OR CONTRACTOR Timothy Hope PHONE: Business (704) 902-1520 Home —

ADDRESS P.O. Box 5882 Statesville, N.C. 28687

LOCATION Hwy 115 N, (L) Scotts Creek Rd, (R) Miller Farm Rd, (R) on Doe Trail at end on Left

SUBDIVISION Deercroft BLOCK / SECTION 4 LOT 181 LOT AREA .60 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 794 Date 5-5-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, 25% Reduction

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

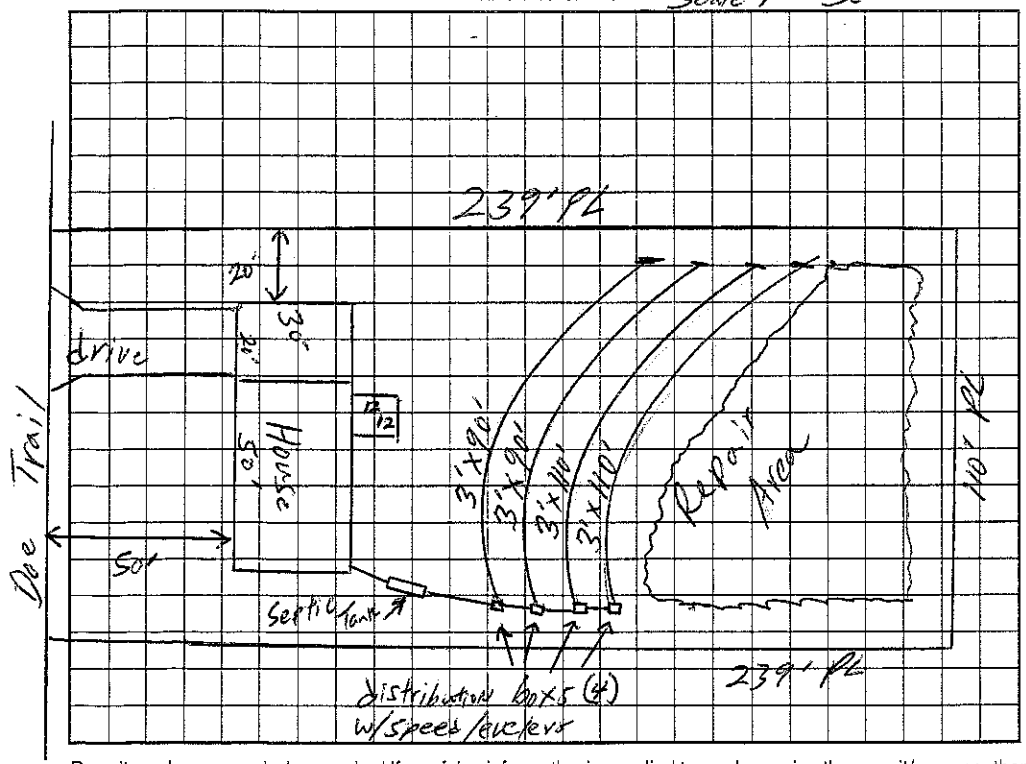
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions: ① Do Not install when wet ② Install lines on Contour ③ Maintain proper setbacks

Comments:/Conditions: Label filter Installed

INITIAL SITE SKETCH Scale 1" = 50'



AS BUILT SKETCH

Installed As Shown per Initial Site Sketch

(Line Lengths - 90, 100, 110, 110)

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: Timothy P Hope date 11-20-02 Installed by: James Hudler

Improvement Permit by: William O. Johnson date 11/14/02 Operation Permit by: William O. Johnson date 6-25-03

Authorization to Construct by: William O. Johnson date 11/14/02 Existing System Inspection by: _____ date _____

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