IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111802 PIN# 4726-70-[redacted] 1299 DATE 5/1/03

OWNER OR CONTRACTOR Brian King PHONE: Business — Home (704) 878-6332

ADDRESS 107 Sweet Ruby Lane Statesville NC 28625

LOCATION 115 N @ Scotts Creek Rd, @ miller Farm Rd, left on left part Sweet Ruby Lane

SUBDIVISION CREEKSIDE BLOCK / SECTION — LOT 4 LOT AREA 2+/- 1.54 Ac SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1,000 Gallons; STB 1007 Date 1-26-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Equiv. 1440 Linear Feet 360
No Lines 5 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth N/A

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

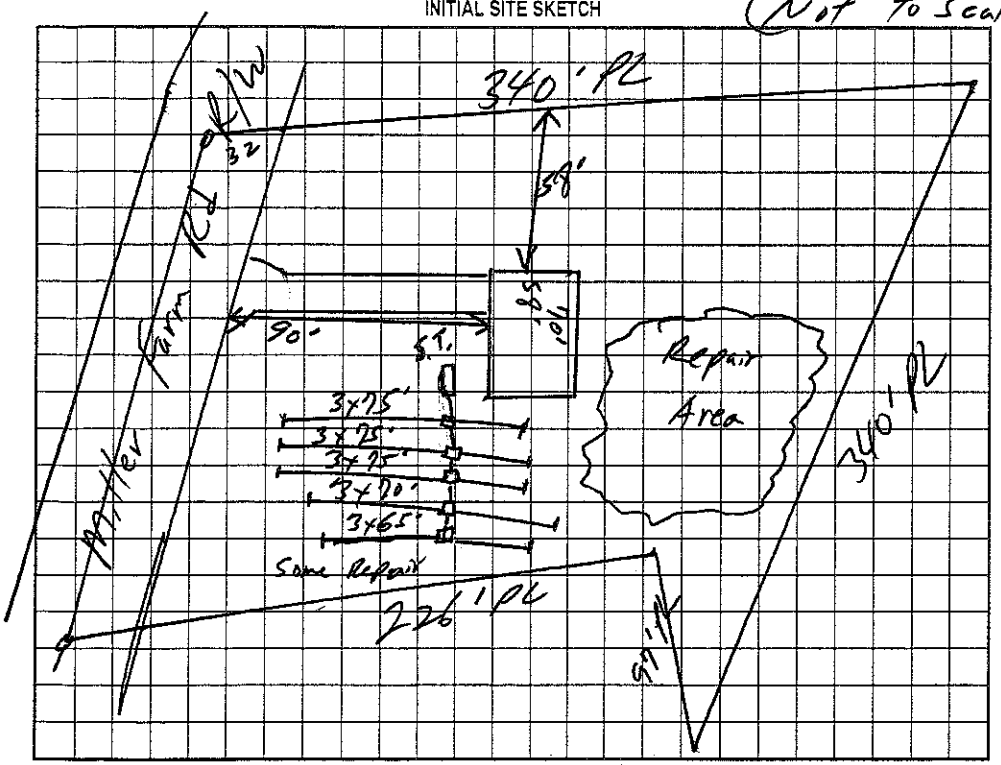
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Public ☐ Community

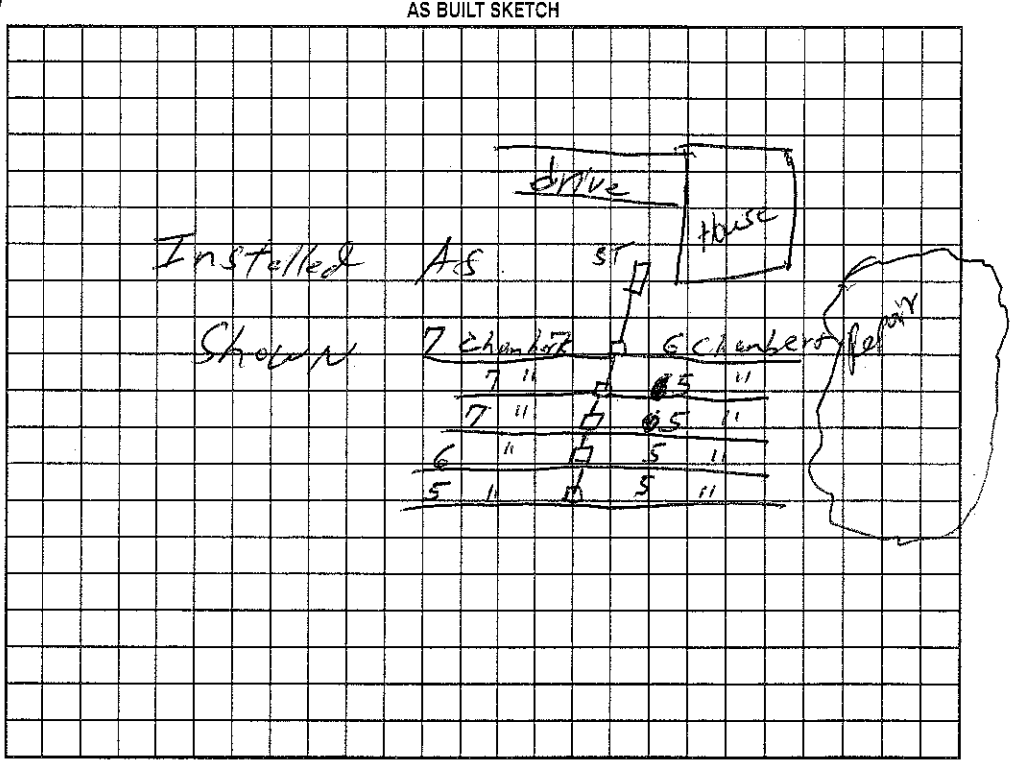
Comments:/Conditions: ① Install liner on contour ② do not install when wet

Comments:/Conditions: -58 Infiltrator Chambers Installed
-Stormtech Tuff-Tite Filter Installed
-Installed in Wet conditions.

INITIAL SITE SKETCH (Not to Scale)



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: [signature] date ____ Installed by: Kelly Welborn

Improvement Permit by: William O. Johnson date 5/1/03 Operation Permit by: William O. Johnson date 3/19/04

Authorization to Construct by: William O. Johnson date 5/1/03 Existing System Inspection by: ____ date ____

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