IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 6/3/02

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

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

PERMIT# ~~10388~~ 20480 PIN# 4726-96-~~1525~~ 1536 DATE 8/10/04

OWNER OR CONTRACTOR Clinton D. Green PHONE: Business — Home (704) 363-0886

ADDRESS 159 Powder Horn Rd Mooresville N.C. 28115

LOCATION Hwy 115 N, (R) on Crosby, House on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.346 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ~35 gpd/ft2

Septic Tank: 1,000 Gallons; STB 825 Date 7-2-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345
No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

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

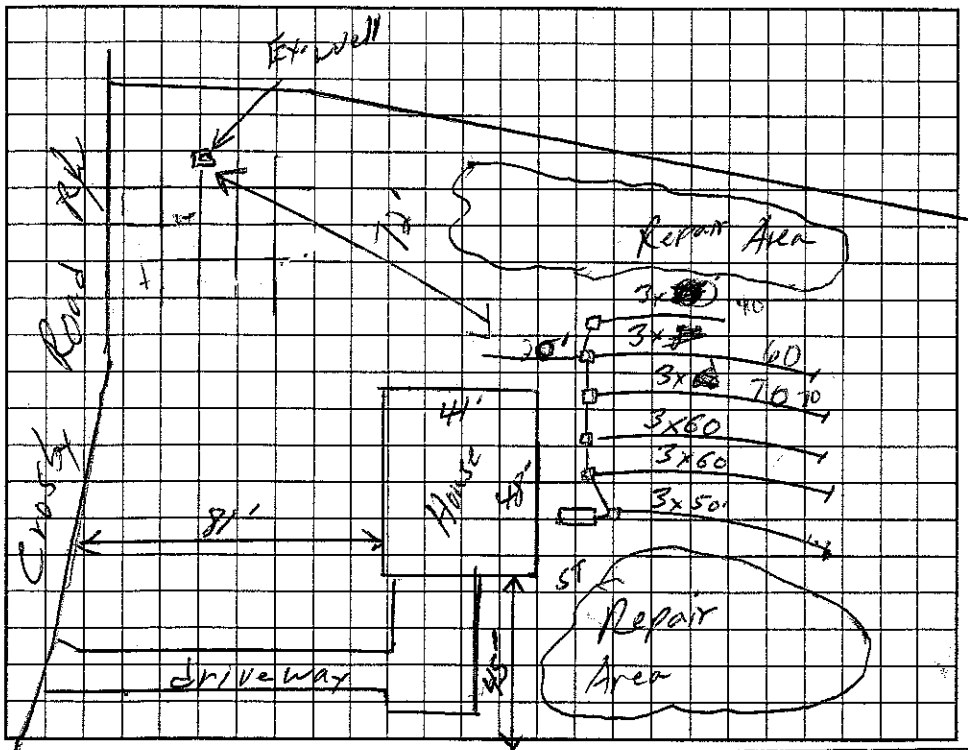
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

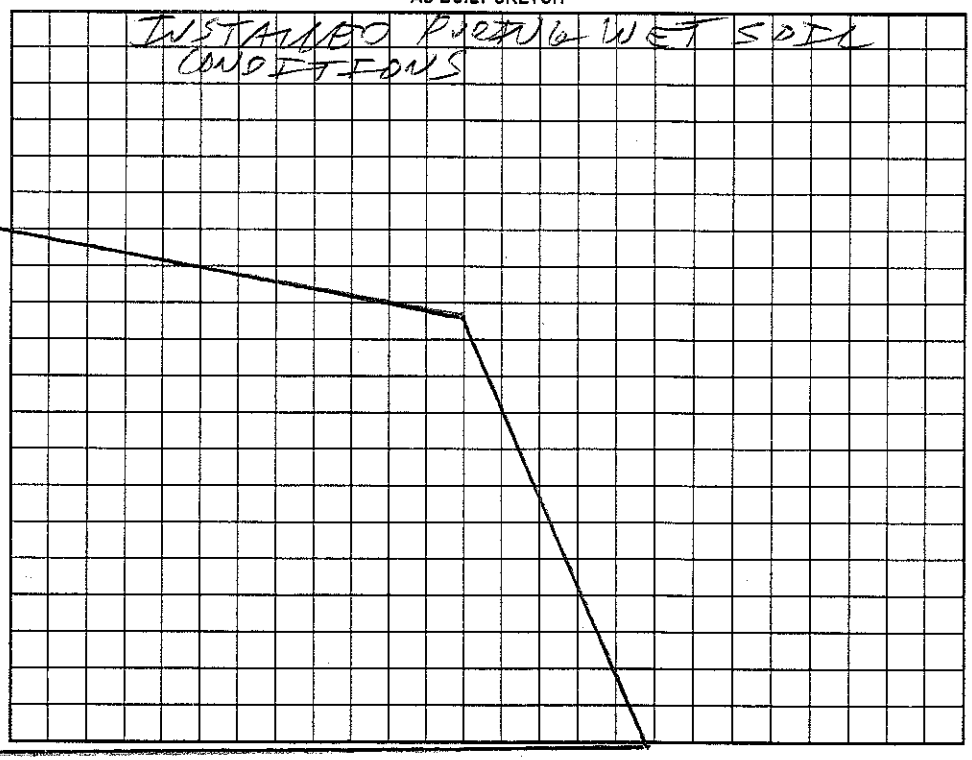
Comments/Conditions: (1) Maintain Correct Setbacks (2) Install lines on Contour (3) Keep 50 ft from well

Comments/Conditions: POLYLOK FILTER + MARKER
INSTALLED AS DRAWN; WELL IS 7' FROM MAINLINE; WELL IS UPSLOPE FROM DRAINLINE; WELL IS BORED ≈ 12'

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: Clinton D. Green date 8/24/04 Installed by: K+K Grading Inc

Improvement Permit by: William O. Johnson date 8/10/04 Operation Permit by: [signature] date 10-5-04

Authorization to Construct by: William O. Johnson date 8/10/04 Existing System Inspection by: _____ date _____

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