IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103805 PIN# 4727-15-6412

OWNER OR CONTRACTOR Pilot Builder DATE 1/14/02

ADDRESS 1281 Bagnal Blvd. Statesville, N.C. 28677 PHONE: Business (704) 202-4964 Home —

LOCATION Hwy 115 North (L) Coachman Loop, (L) on Trinity Road, (R) on Fitts Grant @ End on left.

SUBDIVISION Midway Park BLOCK / SECTION — LOT 9 LOT AREA .55 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 1-29-02

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300'

No Lines 6 (six) Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

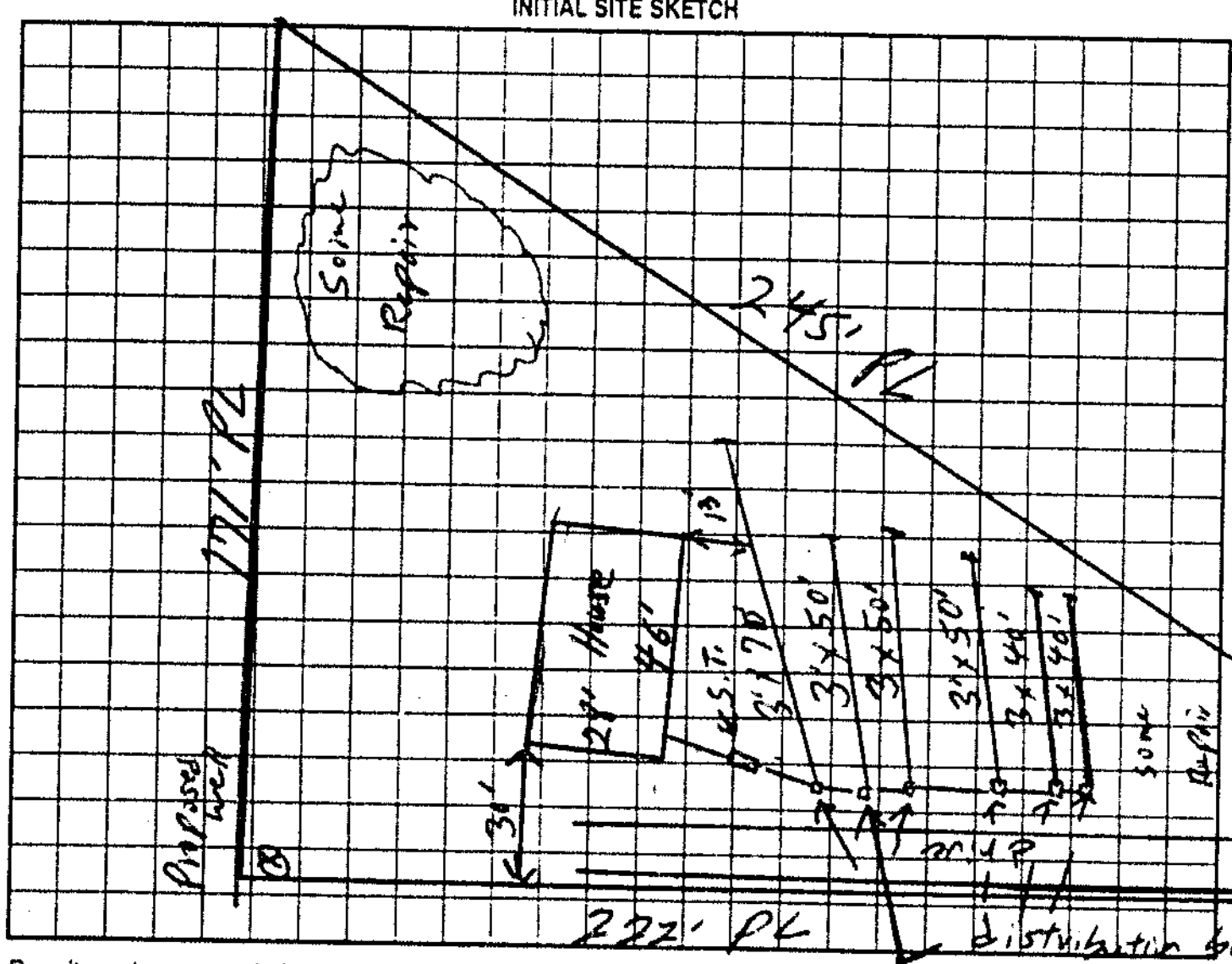
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

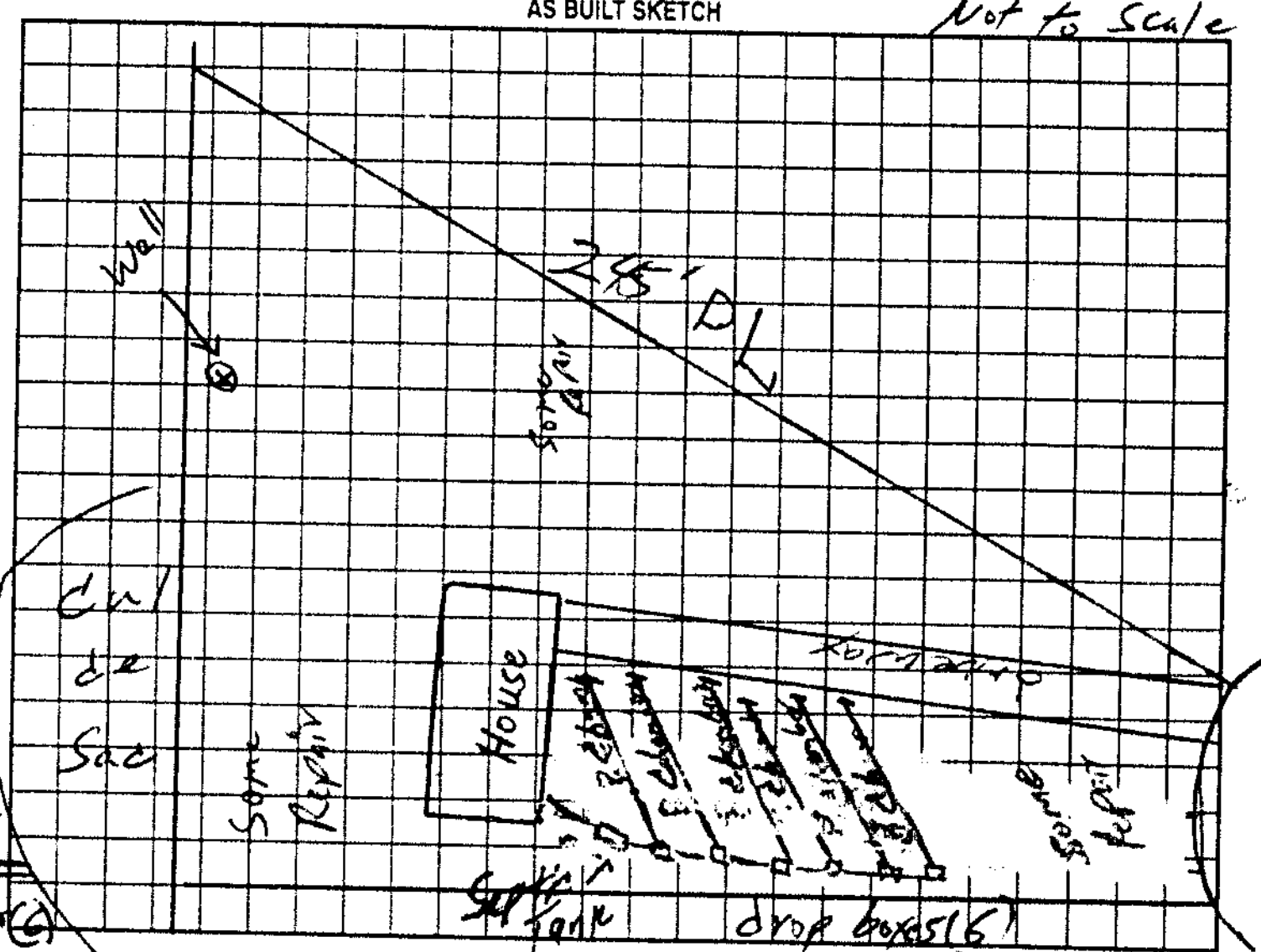
Comments:/Conditions: (1) Install lines on Contour (2) Maintain Proper Setbacks

Comments:/Conditions: Poly lok Filter Installed. 48 Infiltrator Installed Chambers. 6 Lines @ 8 chambers/Line

INITIAL SITE SKETCH



AS BUILT SKETCH Not to Scale



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 ______

Improvement Permit by: William O. Johnson date 1/14/02

Authorization to Construct by: William O. Johnson date 1/14/02

Installed by: Rowan Septic

Operation Permit by: William O. Johnson date 3/11/02

Existing System Inspection by: ______ date ______

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