IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145505 PIN# 4729-04-9354 DATE 2 October 07

OWNER OR APPLICANT Matthew Crowe PHONE: Business (704) 876-8500 Home (704) 880-0697

ADDRESS 1041 Charity Church rd. Apt. 2 Mills Creek, N.C. 28659

LOCATION Hwy 115 N to County Life Estates - TL then Left on Rt.

SUBDIVISION County Life Estates BLOCK / SECTION 1 LOT 21 LOT AREA 0.51 ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 20 ~~60~~ 0.4

Septic Tank: ~~1000~~ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ ~~Public~~ ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

AS BUILT SKETCH

Existing System installed in 1982

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: Matthew Crowe date 10/2/07

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____, R.S. date 2 October 07

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

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THIS PERMIT VOIDS PREVIOUS ISSUED 11-21-96

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

PERMIT# 25496 PIN# 1AF-8-5-A-21 DATE 3-11-98

OWNER OR CONTRACTOR KATHY FINK PHONE: Business 838-0833 Home 873-7404

ADDRESS SUB 3 | RACE STREET STATESVILLE, NC 28677

LOCATION NC 115 N. TL COUNTRY LIFE DRIVE, 450' on RIGHT

SUBDIVISION COUNTRY LIFE BLOCK / SECTION ____ LOT 21 LOT AREA 100'x 225' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 4-12-96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Notification Field: No Fields ____ Square Feet 68 to 900 Linear Feet 328+
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

[X] New System [ ] Repair System Type: [ ] [ ] [ ] [ ]
System Description: CHAMBERED SEWIM
Repair System Description: ___ CHAMBERED PUMP
Maintenance Agreement Required: [ ] Yes [X] No

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

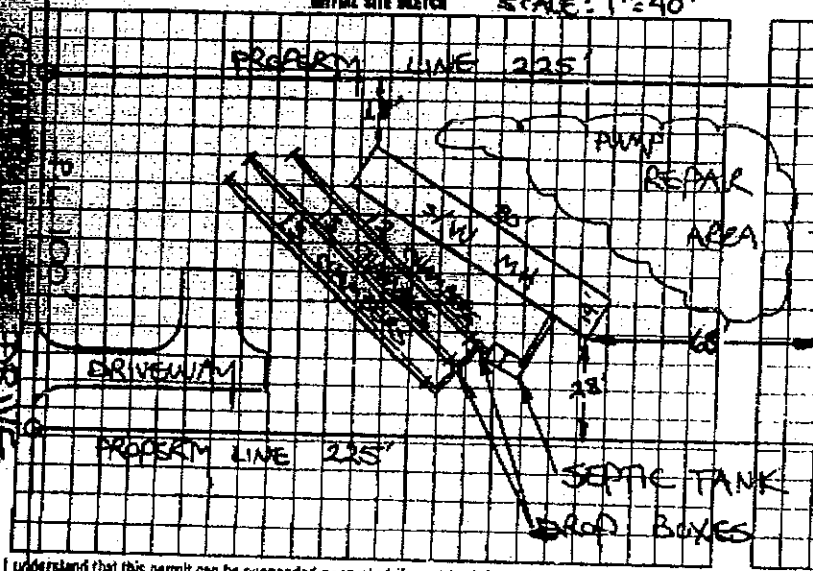
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement w/o plumbing

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

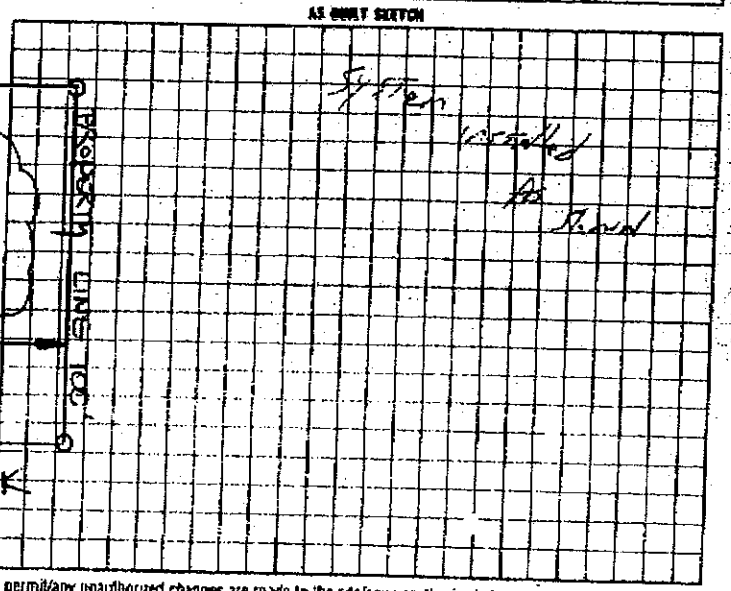
Comments/Conditions: INSTALL 38 CHAMBERS ON CONTOUR AS FLAGGED ON SITE & USE TWO DROP BOXES PER SEWIM DISABILITION

Comments/Conditions: 238 LINEAL Sections used (TOTAL 238 LINEAL FT) ZABEL FILTER USED

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH



I understand that this 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: Kathy Q. Fink date 3-13-98

Improvement Permit by: STEVE HEDRICK date 3-11-98

Authorization to Construct by: STEVE HEDRICK date 3-11-98

Installed by Ind. Daniels

Operation Permit by: ____ date Sept 30 2000

Existing System Inspection by: ____ date ____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (REUSE): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

Sept 30 2000 Ind. Daniels