IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109115 PIN# 4731-49-1981 DATE 10/08/02

OWNER OR CONTRACTOR WILLIAM GALLOWAY PHONE: Business 704-873-9180 Home 704-902-6866

ADDRESS 176 EAST MONBO ROAD STATESVILLE, NC 28677

LOCATION HWY 21 SOUTH, (R) OLD MOUNTAIN RD, (L) EAST MONBO RD, HOUSE ON RIGHT 176 E. MONBO

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.46 ACRES SITE CLASS. PS EXISTING DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: EXISTING 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 270 Linear Feet 90

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: PUMP, CONVENTIONAL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

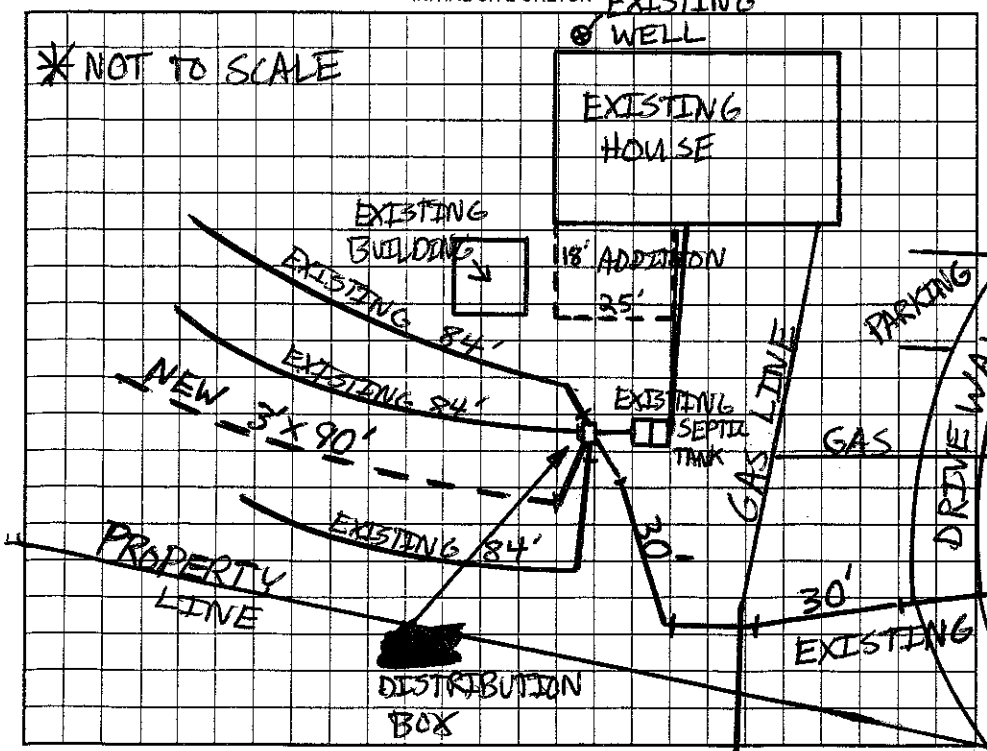
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: (1) WATER LINE MUST BE 10 FEET PLUS FROM ANY PART OF THE SEPTIC SYSTEM. LINE MUST BE REROUTED AROUND SYSTEM BEFORE OPERATION PERMIT CAN BE ISSUED.

Comments/Conditions:

* SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS *

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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 10/9/02 Installed by: MARK GILREATH 03/13/03

Improvement Permit by: Patrick Mitchell date 10/08/02 Operation Permit by: Patrick Mitchell date 03/25/03

Authorization to Construct by: Patrick Mitchell date 10/08/02 Existing System Inspection by: ____ date ____

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