IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4734-04-1369 DATE 7-29-03

OWNER OR CONTRACTOR Beverly Gibbs PHONE: Business — Home (704) 878-9232

ADDRESS 2017 Gagner Street, Statesville, N.C. 28677

LOCATION Hickory Hwy (70 West) Ⓛ Park Drive Ⓡ Gagner Street, 3rd House on left

SUBDIVISION Rayon Park BLOCK / SECTION ______ LOT# 80 LOT AREA .26Ac. SITE CLASS. / DESIGN FLOW 360 L.T.A.R. .6

Septic Tank: Existing Gallons; STB ______ Date ______

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 80

No Lines 2@40' Trench Width 36" Max Trench Bottom Depth — Gravel Depth 24"

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

System Description: —

Repair System Description: Gravity · Conv

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

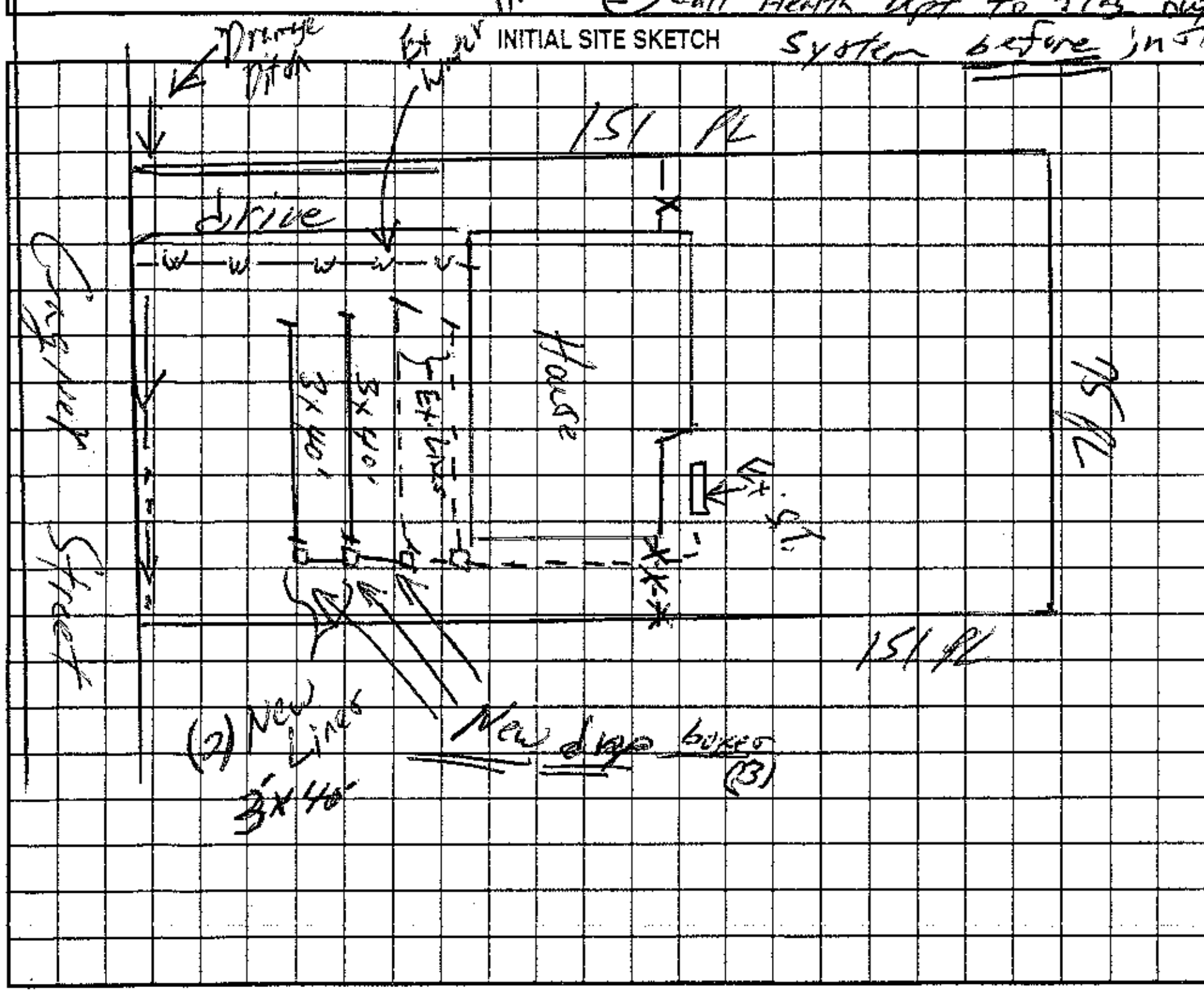
No. Bedrooms 3 No. Bathrooms 1 No. Employees ______

Water Supply: ☐ Individual ☒ Public ☐ Community

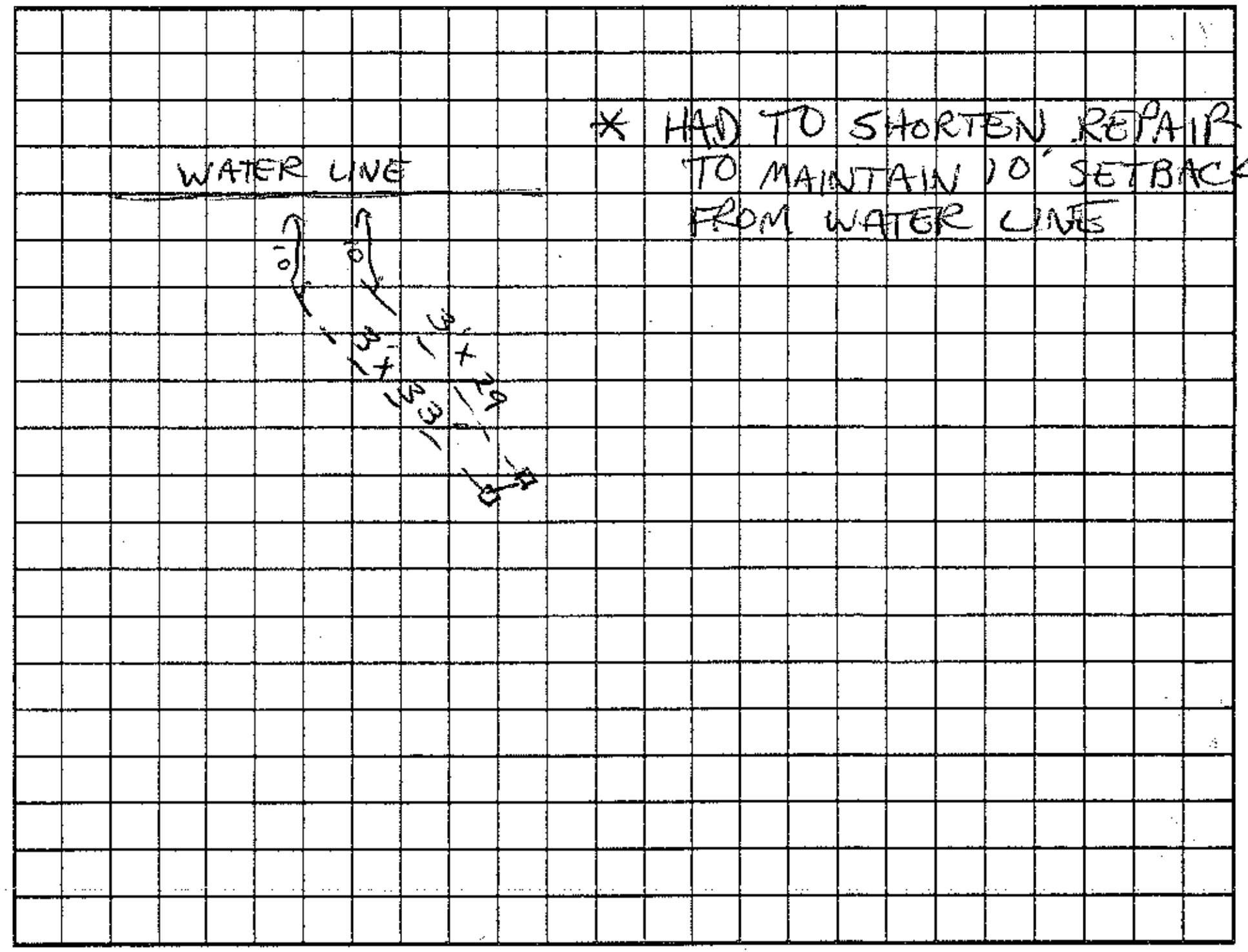
Comments:/Conditions: ① Washer machine water must run into Septic Tank ② Stay 10 ft off H2O line, 5 ft off Property Lines ③ check dist. device for Existing Septic line ④ Add two ② Lines 40' Length with 24" gravel ⑤ call Health Dept to Flag out system before installation!

Comments:/Conditions: ① QUICK 4 STD-W H-10

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: Phillip D. Gibbs date 8-5-03 Installed by: K&M GRADING

Improvement Permit by: [signature] date 8-5-03 Operation Permit by: [signature] RS, LSS date 4-15-05

Authorization to Construct by: [signature] date 8-5-03 Existing System Inspection by: ______ date ______

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