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# 4735 19 2525 DATE 4/16/01

OWNER OR CONTRACTOR Marion Dunlap PHONE: Business — Home (704) 872-0690

ADDRESS 165 Bedstone Farm Dr. ; Statesville N.C. 28625

LOCATION Hwy 115 N, on old Wilkesboro Hwy on Fieldstone Farm Dr. on Left in Curve

SUBDIVISION — BLOCK / SECTION — LOT 4 Acres LOT AREA 4 Acres SITE CLASS — DESIGN FLOW — L.T.A.R. —

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No —

Nitrification Field: No Fields — Square Feet — Linear Feet 200'

No Lines 2@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12-18"

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

System Description: Gravity Conv

Repair System Description: Gravity, Conv

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees —

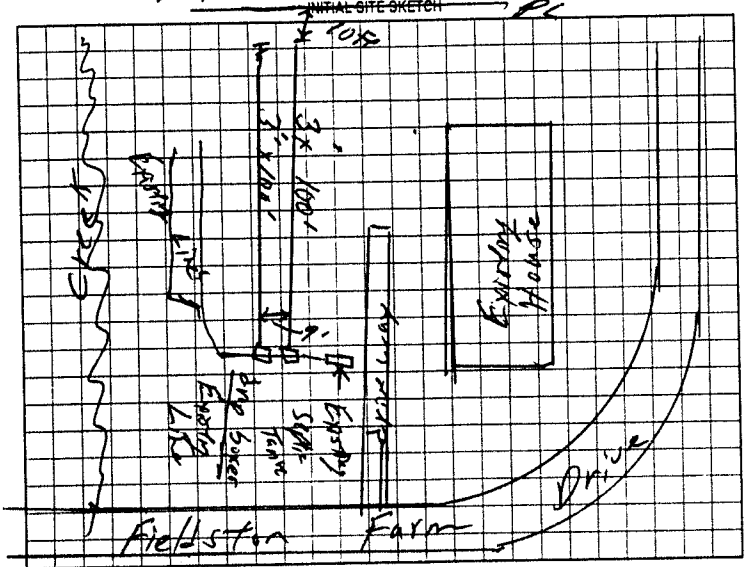
Water Supply: ☐ Individual ☒ Public ☐ Community

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

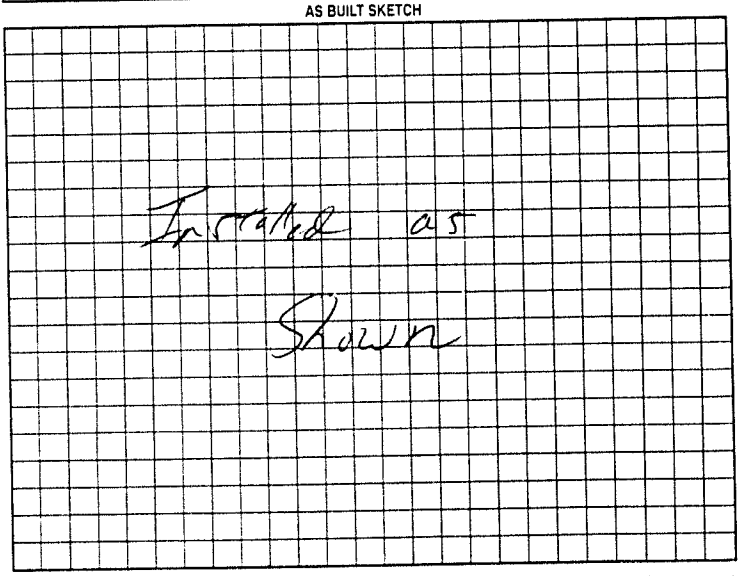
Comments/Conditions: ① Add two (2) 100 ft line on contour ② Add 2 or 3 drop boxes if needed use existing line ③ Keep 10 off Property Line ④ Keep 50 ft clear Creek.

Comments/Conditions: line

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: Marion Dunlap date —

Improvement Permit by: William O. Johnson RSI date 4/16/01

Authorization to Construct by: William O. Johnson RSI date 4/16/01

Installed by: Barry Sigmon

Operation Permit by: William O. Johnson date 4/19/01

Existing System Inspection by: — date —

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