This permit voids previously issued permit dated 9/18/02

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108588 PIN# 4735-28-9372 9261 DATE 10/3/03

OWNER OR CONTRACTOR Danny Liggard PHONE: Business (704) 871-1800 Home

ADDRESS P.O. Box 629 Statesville, N.C. 28687

LOCATION Hwy 115 N (R) Upper Oak, 3rd lot on Right

SUBDIVISION Meadow Oaks BLOCK / SECTION 2 LOT 120 LOT AREA .862 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: ____ Gallons; STB 1012 Date 3-16-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

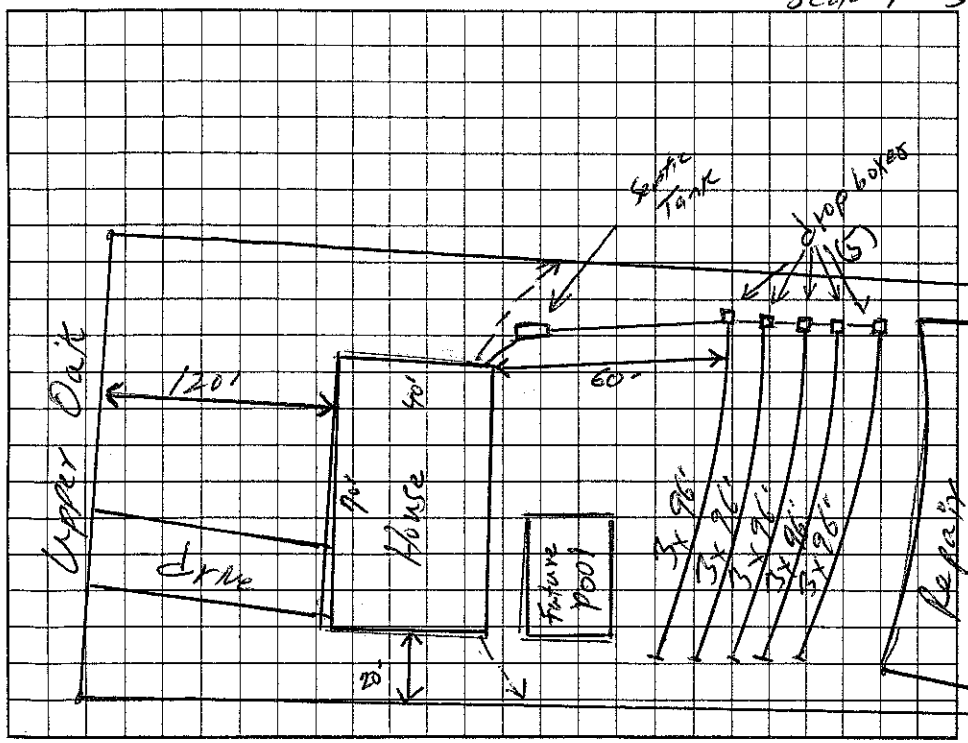
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

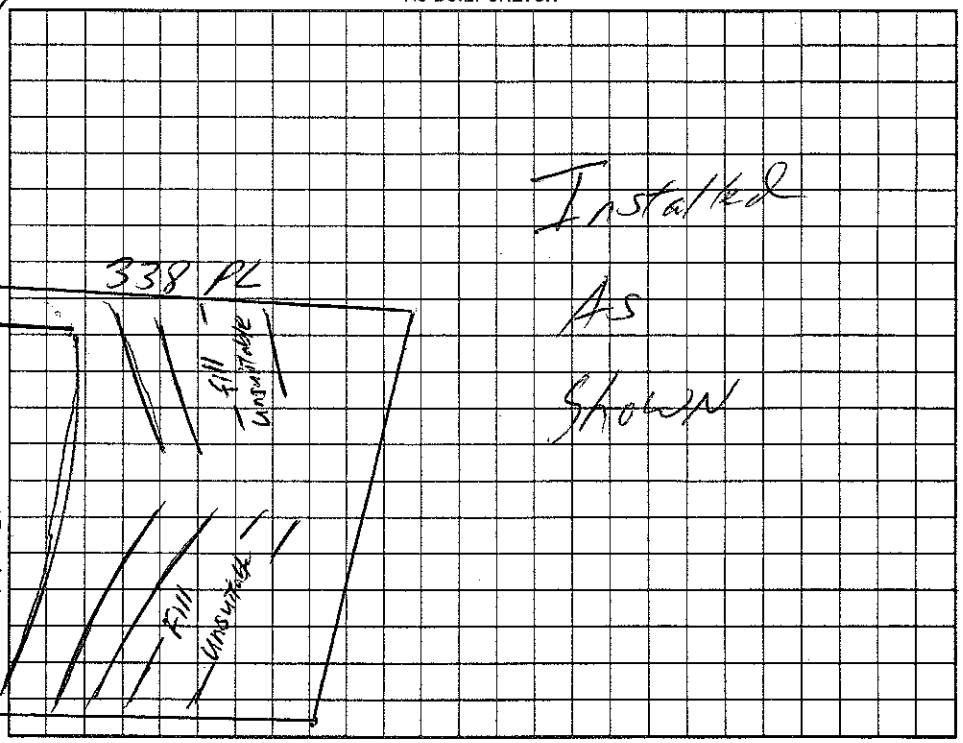
Comments:/Conditions: (1) Extend basement Foundation drain to side property lines as Subsurface Interceptor drain

Comments:/Conditions:
- Tuff-Tite filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH Scale 1"=50ft



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: ____ date 11-18-2003 Installed by: David Younts (10/3/03)

Improvement Permit by: William O. Johnson date 10/3/03 Operation Permit by: William O. Johnson date 10/18/03

Authorization to Construct by: William O. Johnson date 10/3/03 Existing System Inspection by: ____ date ____

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