IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105970 PIN# 4735-39-2251 DATE 5/9/02

OWNER OR CONTRACTOR Kent Shaw + Sons Construction Co PHONE Business (704) 528-4494 Home —

ADDRESS 773 Upper Oak Drive Statesville N.C. 28625

LOCATION Hwy 115 North, @ on Upper Oak Drive, Lot on left

SUBDIVISION Meadow Oaks BLOCK / SECTION 2 LOT 87 LOT AREA .582 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons: STB 1067 Date 7-26-02

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet approx 1200 Linear Feet 300FT

No Lines 5@ 60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity, 25% Reduction

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

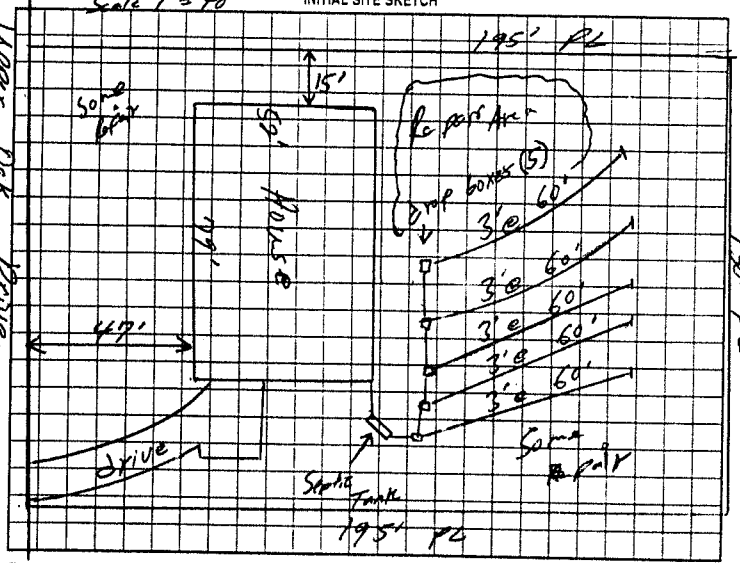
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

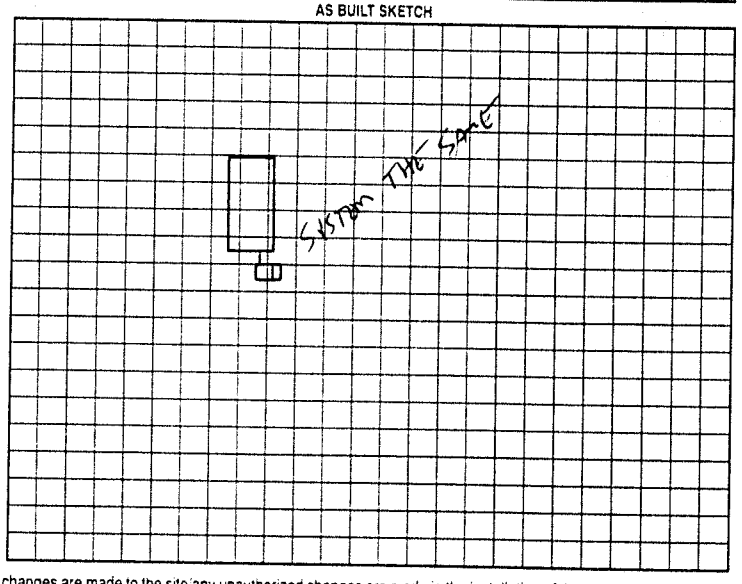
Comments/Conditions: ① Install Lines on Contour ② Maintain Proper Setbacks

Comments/Conditions: POLYFLOW FILTER & MARKER INSTALLED AS SHOWN

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: [signature] date 5/13/02 Installed by: JAMES HUDDLE

Improvement Permit by: William O. Johnson date 5/9/02 Operation Permit by: [signature] date 10-8-02

Authorization to Construct by: William O. Johnson date 5/9/02 Existing System Inspection by: ____ date ____

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