IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112613 PIN# 4736-35-6865 DATE 5-15-03

OWNER OR CONTRACTOR Charity & Robert Jones PHONE: Business — Home (704) 876-4101

ADDRESS 129 Osborne Lane Statesville N.C. 28625

LOCATION I-40 N, (L) Chipley Ford Rd (L) Austin Lane, (L) Osborne Lane, 2nd on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.15 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: Ex 1,000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Ex to 160 Linear Feet 400

No Lines 3 @ 133 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Part Gravity 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

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

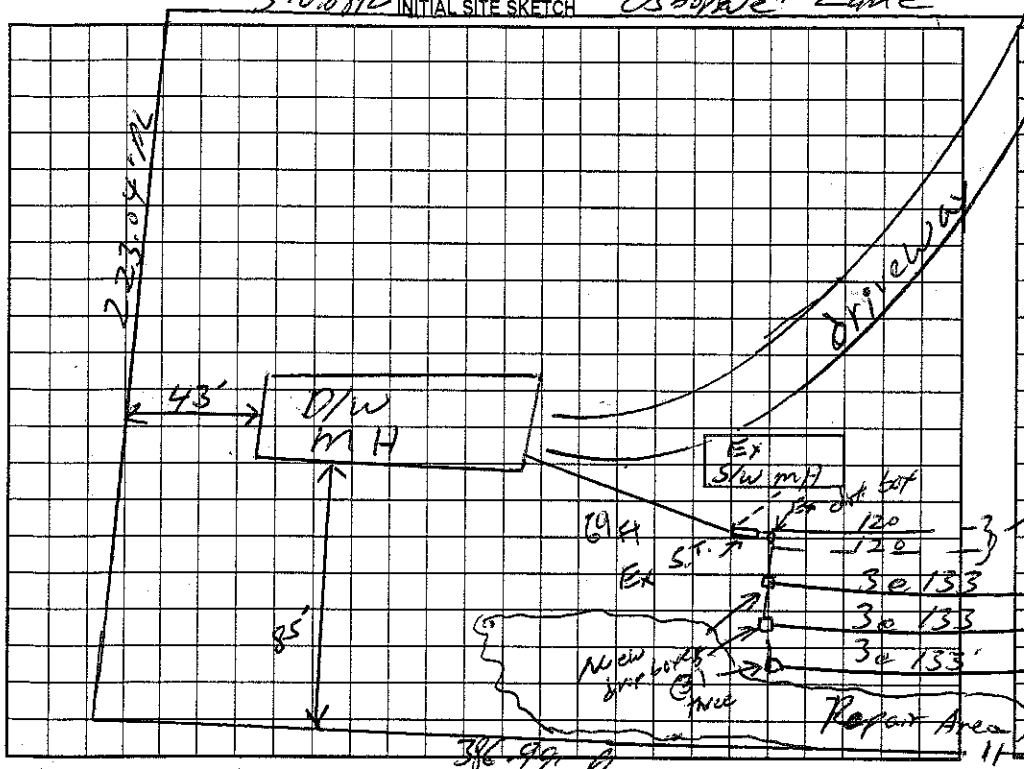
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① maintain proper Setbacks ② Replace Existing Distribution box if necessary ③ Pump out Existing Septic Tank ④ Add three (3) lines @ 133 Ft ⑤ Install lines on contour ⑥ Ex S/w MH to be removed from property.

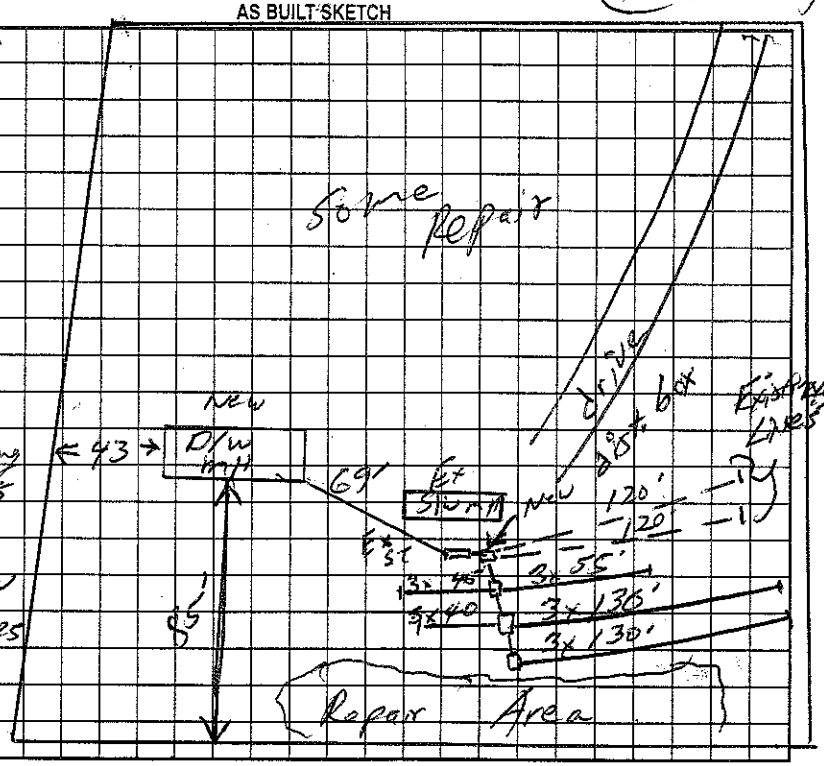
Comments:/Conditions:

(Not to Scale)

INITIAL SITE SKETCH Osborne Lane



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 _____

Improvement Permit by: William O. Johnson date 5/15/03

Authorization to Construct by: William O. Johnson date 5/15/03

Installed by: Joey Cothern + Tommy Cothern

Operation Permit by: William O. Johnson date 6/11/03

Existing System Inspection by: _____ date _____

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