IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108510 PIN# 4736-84-[redacted] 1788 DATE 9/27/02

OWNER OR CONTRACTOR Jack Borders PHONE: Business (704) 881-0025 Home

ADDRESS 188 Knox Favor Road Statesville, N.C. 28677

LOCATION Hwy 21 N. @ Ft Dobbs Rd., @ Cooper Farm Rd. @ on Clearview Rd., @ on Rock Island Drive, Corner lot on left.

SUBDIVISION Willow Brook BLOCK / SECTION — LOT 39 LOT AREA .487 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 8-30-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity, 25% Reduction

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

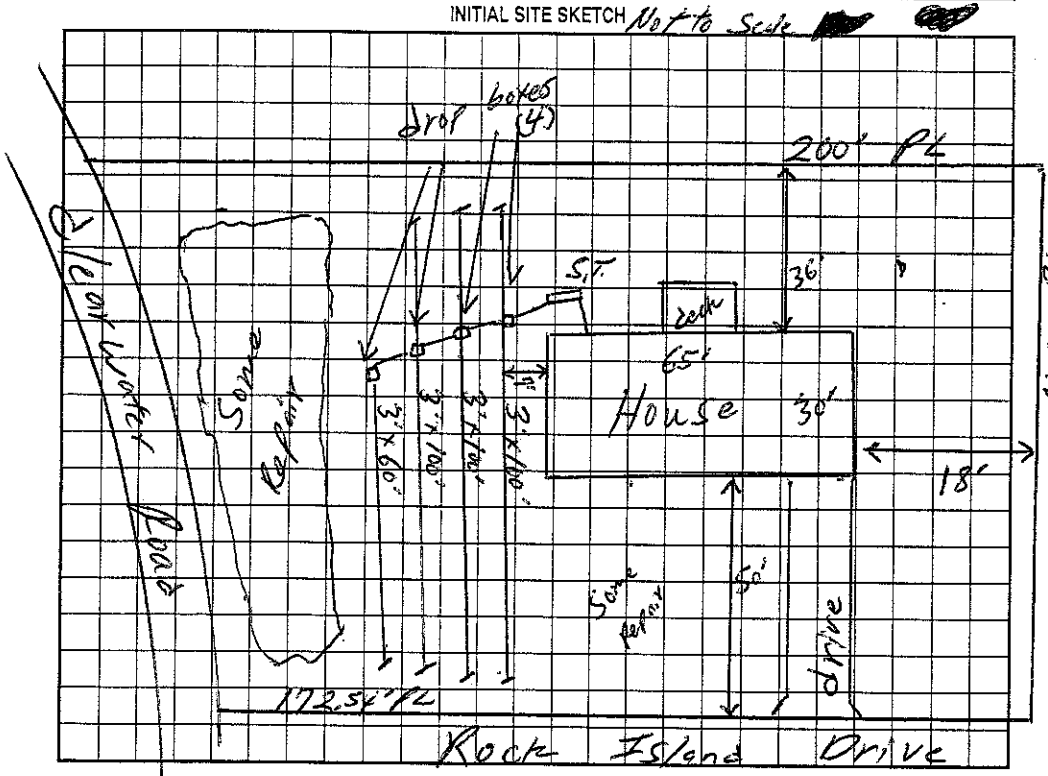
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Do Not install when wet ② maintain proper setbacks ③ Use 25% Reduction System

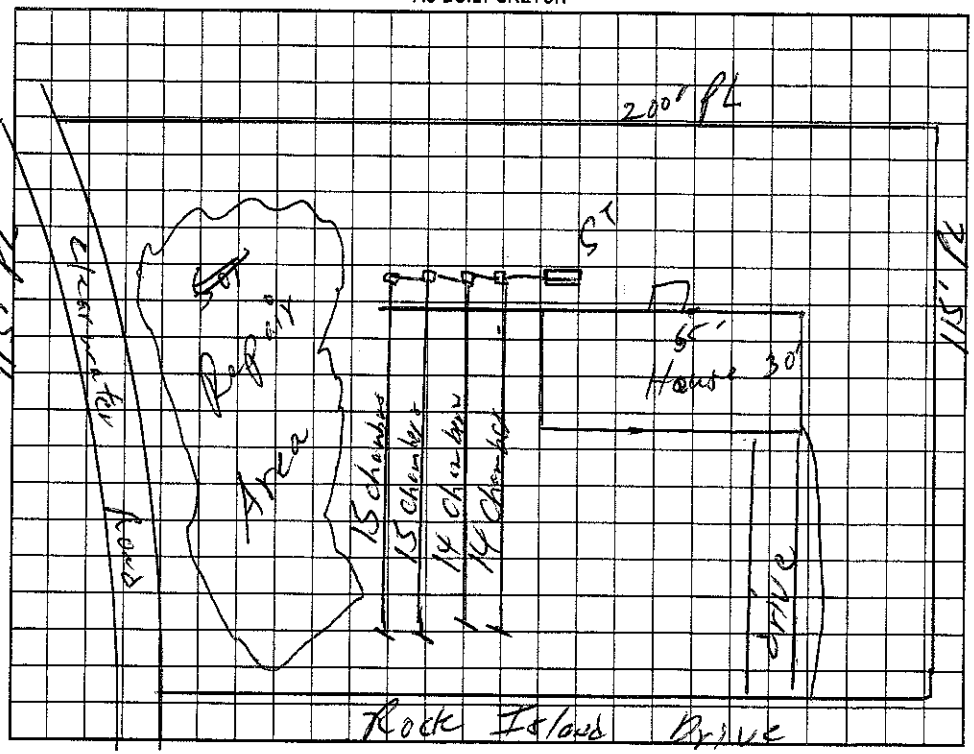
Comments:/Conditions:

360 Ft Infiltrator Chambers Installed
- Tuff-Tite Filter Installed
- ST marker Installed

INITIAL SITE SKETCH Not to Scale



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 ____ Installed by: Dale Fox

Improvement Permit by: William O. Johnson date 9/27/02 Operation Permit by: William O. Johnson date 3/12/03

Authorization to Construct by: William O. Johnson date 9/27/02 Existing System Inspection by: ____ date ____

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