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# 4737-08-0729 DATE 11/26/02

OWNER OR CONTRACTOR Bill Carter PHONE: Business (704) 450-9999 Home —

ADDRESS PO Box 606 Statesville NC 28625

LOCATION Hwy 115 N ⓒ Brandywood ⓛ on Westwind Loop mH #181 on right

SUBDIVISION Lakeland MH BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Existing (-.30)

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200'

No Lines 2@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 16"

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

System Description: _____

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

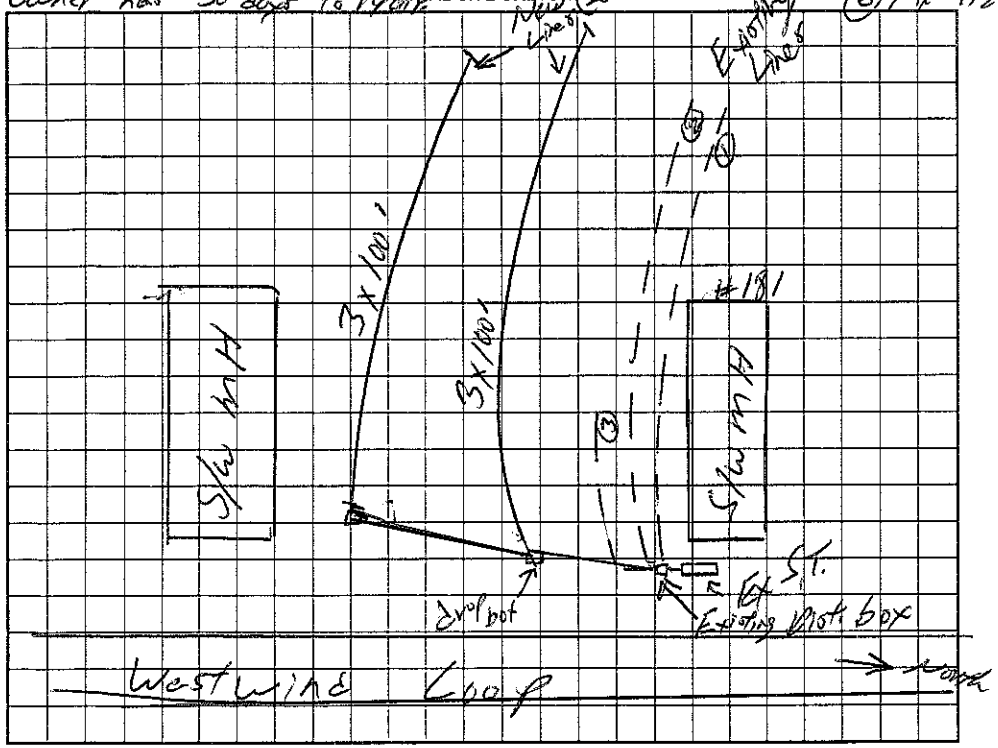
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

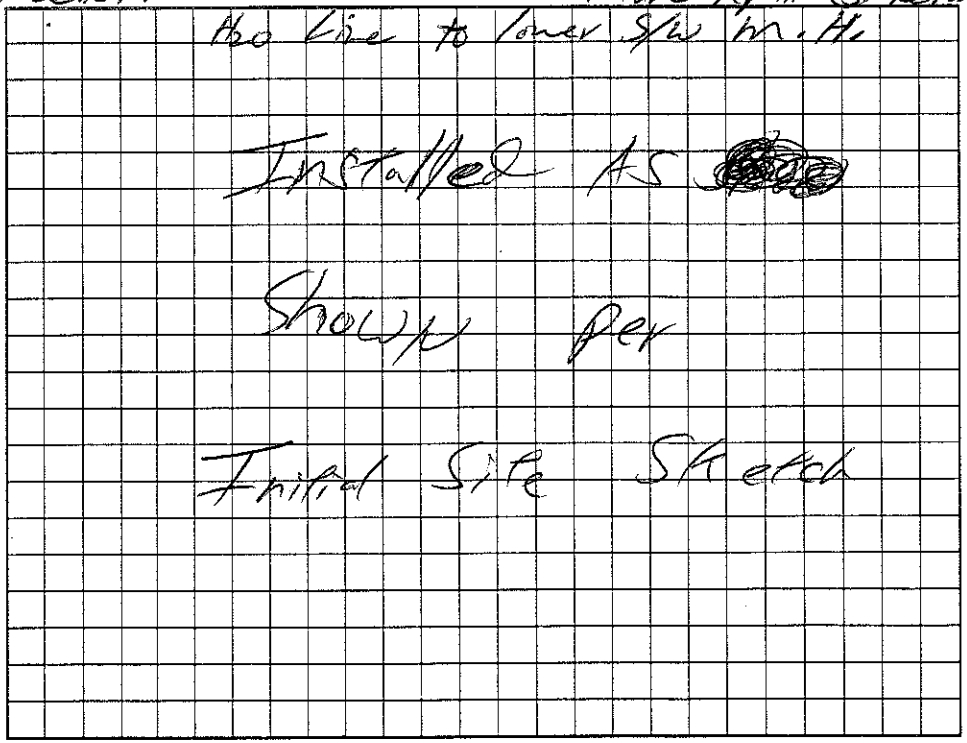
Comments/Conditions: ① Pump Septic Tank. ② Install Two @ -100FT lines w 16" Gravel on contour as Flagged ③ abandon 2nd + 3rd lines ④ Replace Dist box if necessary + use old (1st) Line into Septic ⑤ This permit serves as "Notice of Violation" Owner has 30 days to Repair. ⑥ Fix H2O Leak!!

Comments/Conditions: ① All Existing Lines abandoned ② System installed over period of 12-5-02 thru 3-16-03 ③ Roped in System - Several times ④ No Space between mobile Homes to do any future repair. ⑤ be routed

INITIAL SITE SKETCH (2)



AS BUILT SHEET



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: Bessie Black date 11/26/2002 Installed by: Bill Carter

Improvement Permit by: William O. Johnson date 11/26/02 Operation Permit by: William O. Johnson date 3/10/03

Authorization to Construct by: William O. Johnson date 11/26/02 Existing System Inspection by: _____ date _____

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