IREDELL COUNTY HEALTH DEPARTMENT

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

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

130.00 Paid 3:00

PERMIT# 111164 PIN# 4740015637 DATE 2-19-03

OWNER OR CONTRACTOR Schult Housing PHONE: Business (828)464-1169 Home Cell Jerry Smith 902-1836

ADDRESS 1257 West Hwy 70 Newton, NC 28658

LOCATION Hwy 115 N TL Flowerhouse Loop TL Clontz Hill Rd TL (Rocky Creek Sub) Ridge Creek Dr.

SUBDIVISION Rocky Creek BLOCK / SECTION LOT 6 LOT AREA .53 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000J Gallons; STB 1012 Date 8/5/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 460'

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity-25% Reduction

Repair System Description: Gravity-Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

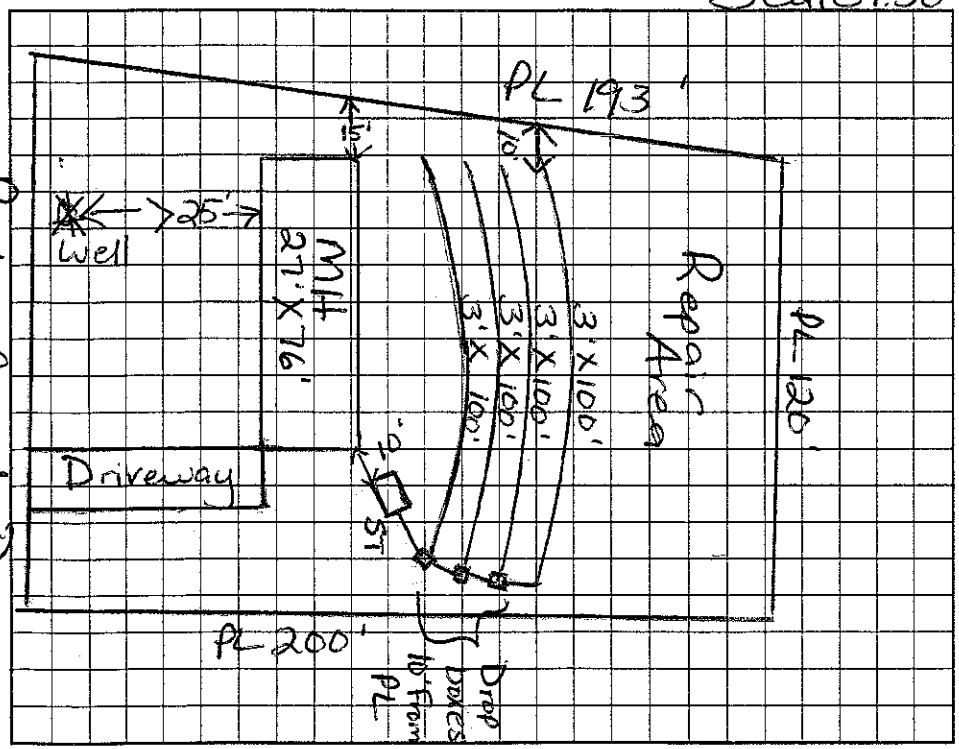
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

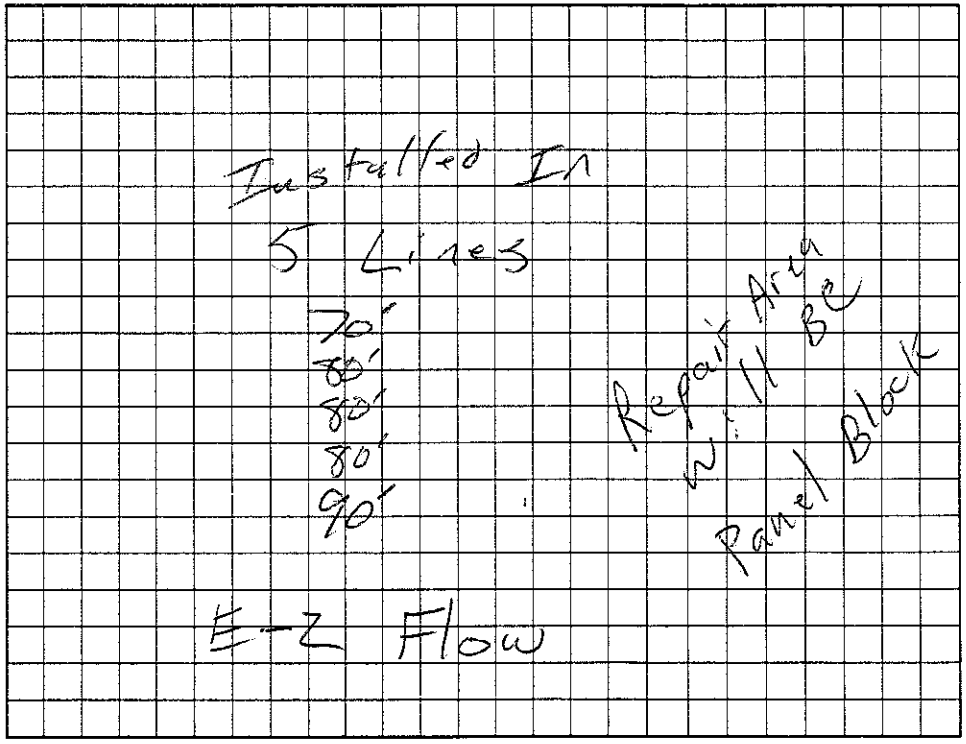
Comments/Conditions: Keep Septic System at least 10' From PL & 50-100' to well.

Comments/Conditions:

INITIAL SITE SKETCH Scale 1:50



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: Donald Schultz date 20 Feb 03 Installed by: A-1 Backhoe

Improvement Permit by: Maria H. Dotson RS date 2/20/03 Operation Permit by: RS date 2/25/03

Authorization to Construct by: Maria H. Dotson RS date 2/20/03 Existing System Inspection by: date

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