93079 + 93078

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 02-7-1000 PIN# 4742333360 DATE 10/27/00

OWNER OR CONTRACTOR Brent Murdock PHONE: Business 525-6969 Home

ADDRESS 368 old Mountain Rd Statesville NC 28677

LOCATION Amity Hill, L Murdock, R John Carl, on Lt at end

SUBDIVISION Amanda Leigh Est BLOCK / SECTION — LOT # 10 LOT AREA 0.945 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1500 Gallons; STB 1011 Date 11-29-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Conv.
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12" [X] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

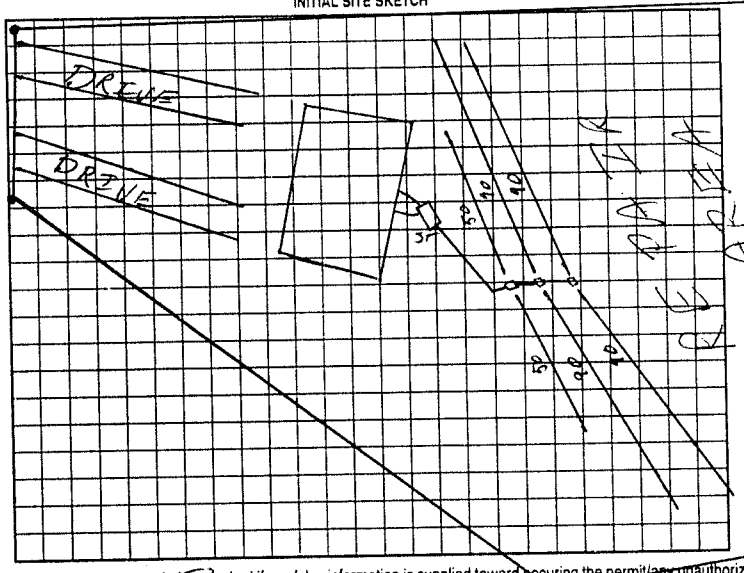
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other Duplex

Water Supply: [X] Individual [ ] Public [ ] Community shared w.s.#1

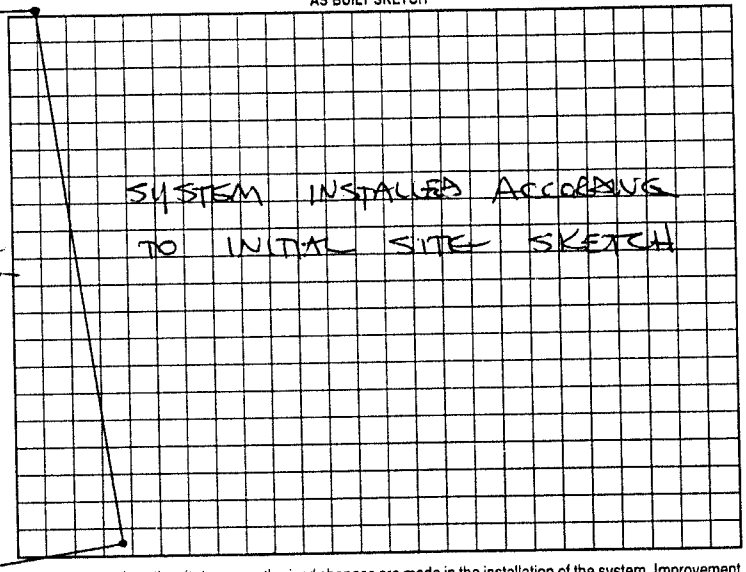
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "POLYLOK" FILTER

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 10/30/00 Installed by: STEVE [redacted] JORDAN

Improvement Permit by: [signature] RST date 10/27/00 Operation Permit by: STEVE HEARICK date 2-1-01

Authorization to Construct by: [signature] RST date 10/27/00 Existing System Inspection by: date

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