IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 C'I MOORESVILLE 704-664-5281

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

PERMIT# ~~H9447~~ 124804 PIN# 4745-59-5097 DATE 5/28/04

OWNER OR CONTRACTOR Statesville Jaycees, Inc. PHONE: Business — Home —

ADDRESS P.O. Box 1242 Statesville, N.C. 28687

LOCATION Hwy 21 N, (R) on James Farm Road property on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.04 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 6-29-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Eq-10 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, 25% Red
Maintenance Agreement Required: ☐ Yes ☒ No

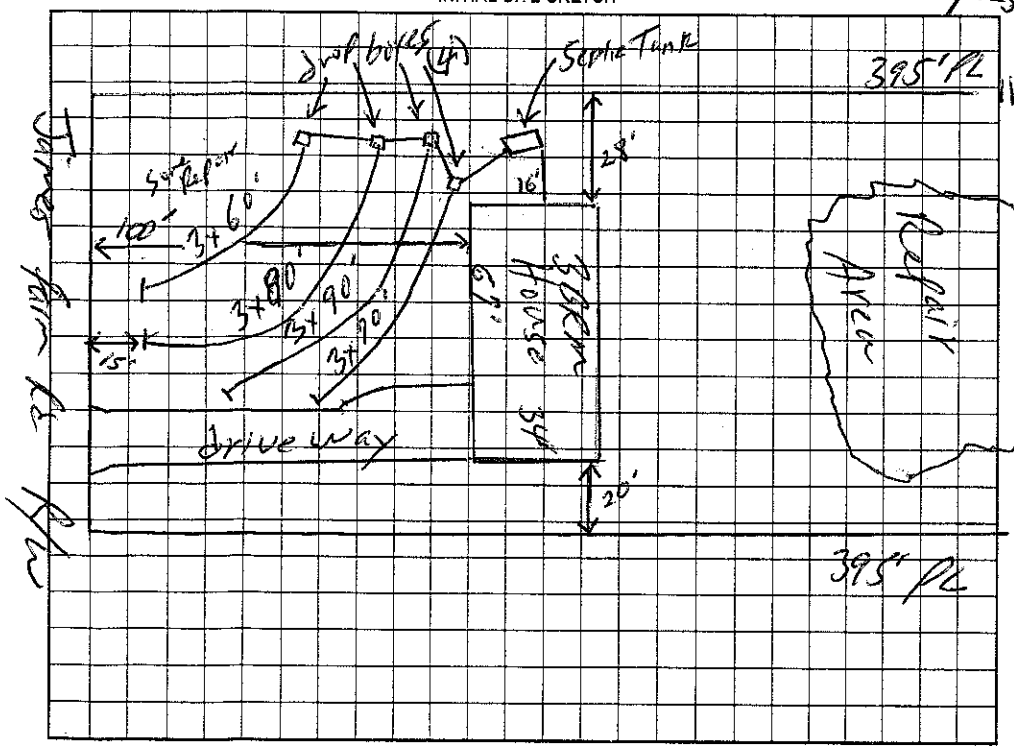
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

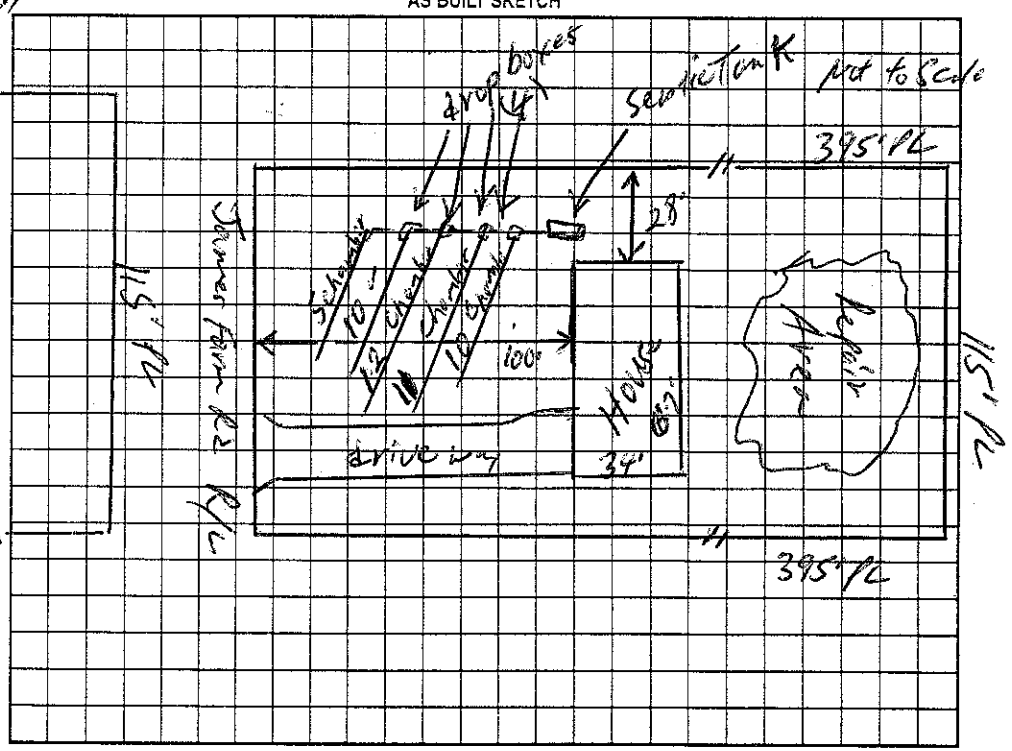
Comments/Conditions: (1) House 100ft off front RL (2) Install lines on contour (3) No cutting or filling over septic area

Comments/Conditions:
Tuff-Tite Filter & ST Marker Installed
48 Infiltrator Chamber Installed

INITIAL SITE SKETCH 1"=50ft



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 6/3/04

Improvement Permit by: [signature] date 5/28/04

Authorization to Construct by: [signature] date 5/28/04

Installed by: C & S Grading & Septic

Operation Permit by: [signature] date 12/16/04

Existing System Inspection by: ____ date ____

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