IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094574 PIN# 4746 32 9560 DATE 3/1/01

OWNER OR CONTRACTOR EES, Inc (Richard Wood) PHONE: Business (704) 881-0510 Home (704) 924-8635

ADDRESS 130 Dobbs Drive Statesville, N.C. 28625

LOCATION Hwy 21 N. @ Rimmer Rd, @ Fairgate, 3rd Lot on Right

SUBDIVISION Fair View Farms BLOCK / SECTION — LOT 3 LOT AREA .57 Acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 678 Date 5-21-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343
No Lines 5 @ 70' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity, Conventional
Repair System Description: Pump, 50% Reduction
Maintenance Agreement Required: ☐ Yes X No

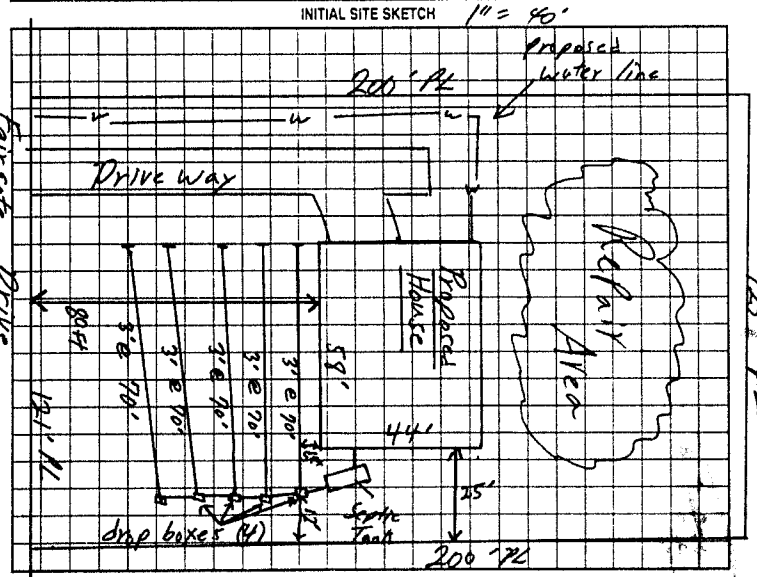
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: @ Keep lines 10' off property line, 5' off house

Comments/Conditions: — Pump tank filter installed

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH

Installed as Shown per Initial Site 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: _____ date _____

Improvement Permit by: William O. Johnson RSI date 3/1/01

Authorization to Construct by: William O. Johnson RSI date 3/1/01

Installed by: James Burnett

Operation Permit by: William O. Johnson date 7/16/01

Existing System Inspection by: _____ date _____

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