IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111382 PIN# 4746-62-8753 DATE 3-5-03

OWNER OR CONTRACTOR Janice McAlpin PHONE: ~~Business~~ Cell (704) 902-2109 Home (704) 876-4928

ADDRESS 614 Jennings Road Statesville N.C. 28625

LOCATION Hwy 21 N to Jane Sowers to Friar Tuck, to on Marion at end on ~~Left~~ Right

SUBDIVISION Sherwood Forest BLOCK / SECTION — LOT 12 LOT AREA .55 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 794 Date 8-2-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet Eq. to 1200 Linear Feet 300
No. Lines @ 60" Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth —

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

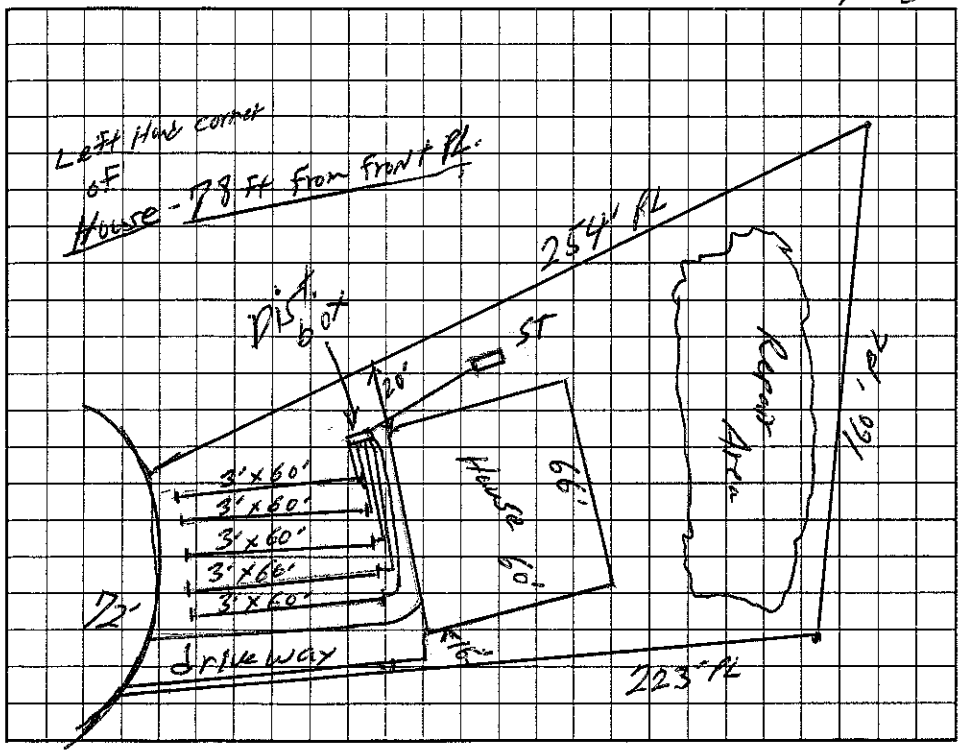
Water Supply: ☐ Individual ☒ Public ☐ Community

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

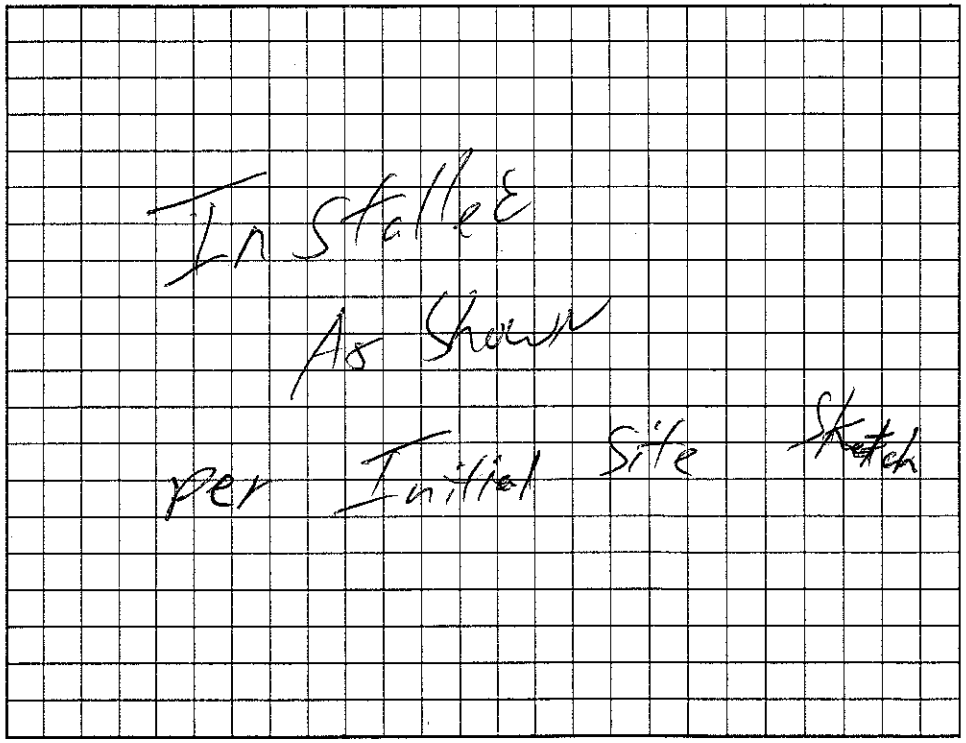
Comments/Conditions: (1) Maintain proper Setbacks (2) Water line must be 10 Ft from Septic lines & tank

Comments/Conditions:
- Label Filter Installed
- ST marker Installed
- In Filter Chambers Installed

INITIAL SITE SKETCH 1" = 60'



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: Jan McAlpin date 3/5/03
Improvement Permit by: William O. Johnson date 3/5/03
Authorization to Construct by: William O. Johnson date 3/4/03

Installed by: A+C Grading
Operation Permit by: William O. Johnson date 10/3/03
Existing System Inspection by: ____ date 1/30/04

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