IREDELL COUNTY HEALTH DEPARTMENT

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

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

CJ

PERMIT# 115328 PIN# 4947-33-7487 DATE 9/12/03

OWNER OR CONTRACTOR Robert W. Wright PHONE: Business — Home (704) 924-4089

ADDRESS 5139 Wilkesboro Hwy Statesville NC 28625

LOCATION Hwy 21 N. @ Shoemaker Dr. onto White Farm Rd, @ Foxglove Drive on right

SUBDIVISION Graystone Meadows BLOCK / SECTION 2 LOT 21 LOT AREA 1.0 Ac. SITE CLASS. V DESIGN FLOW 480 L.T.A.R. .25 gpd/sqft

Septic Tank: 1,000 Gallons; STB 1012 Date 10-9-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq/480 Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

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

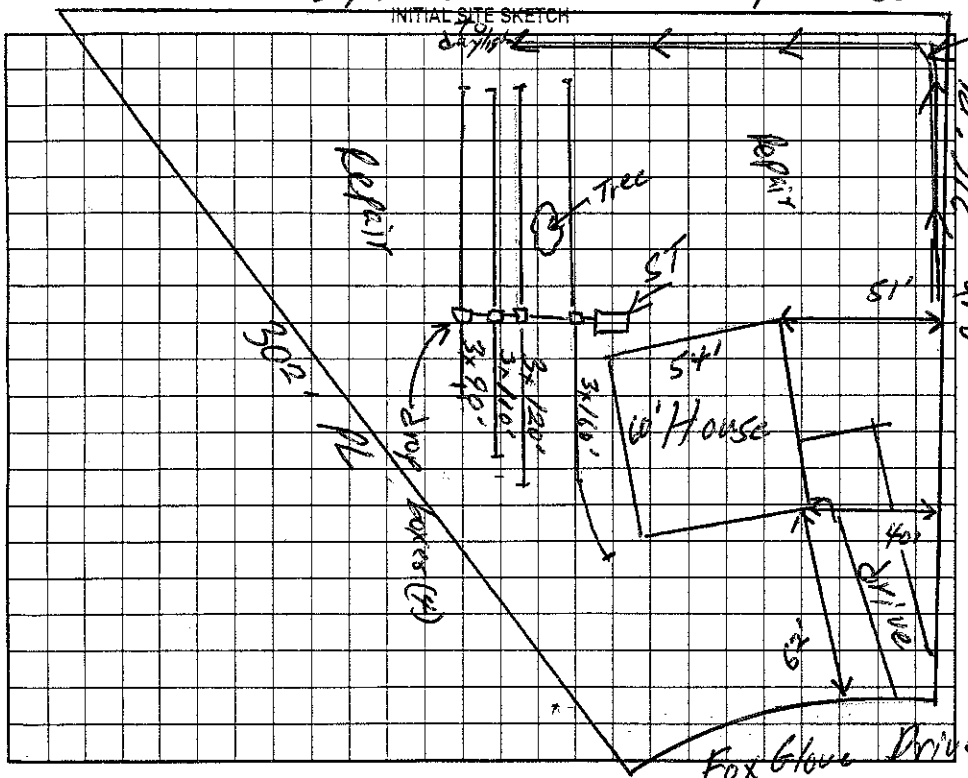
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install Riser on Contour

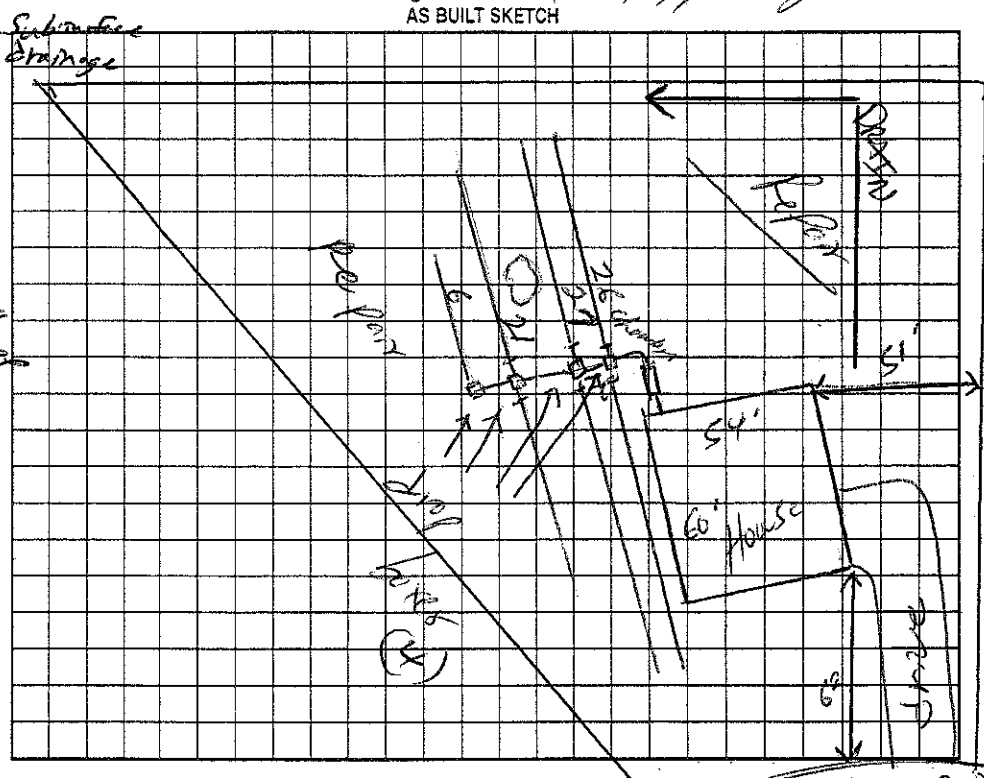
294' PL 1" = 60'

Comments:/Conditions:
- Tank - Tile Filter + ST Marker Installed
- 80 Infiltrator Chambers Installed
- Insert ST Located OKay 4/19/04 cjf

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: Joanne O. Wright date 9/24/03 Installed by: Tom Frye (4/19/04)

Improvement Permit by: [signature] date 9/12/03 Operation Permit by: EH NORTH date 6-28-04

Authorization to Construct by: [signature] date 9/12/03 Existing System Inspection by: ____ date ____

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