IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117246 PIN# 4747-42-4459 DATE 12/29/03

OWNER OR CONTRACTOR Rick Wilson PHONE: Business (704) 902-2343 Home —

ADDRESS 198 Deercroft Statesville N.C. 28625

LOCATION Hwy 21 N (L) Shumaker Dr to White Farm Rd (R) Doe Run Lane

SUBDIVISION Gray Stone Meadows BLOCK / SECTION — LOT 5 LOT AREA .99 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-23-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Easy to 1,200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

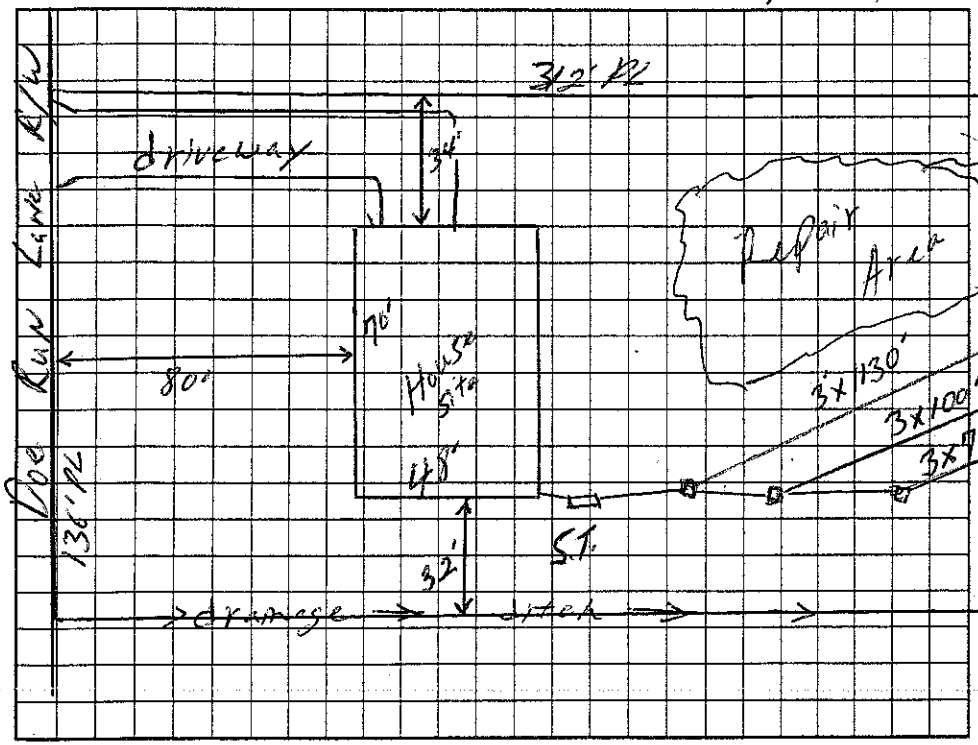
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

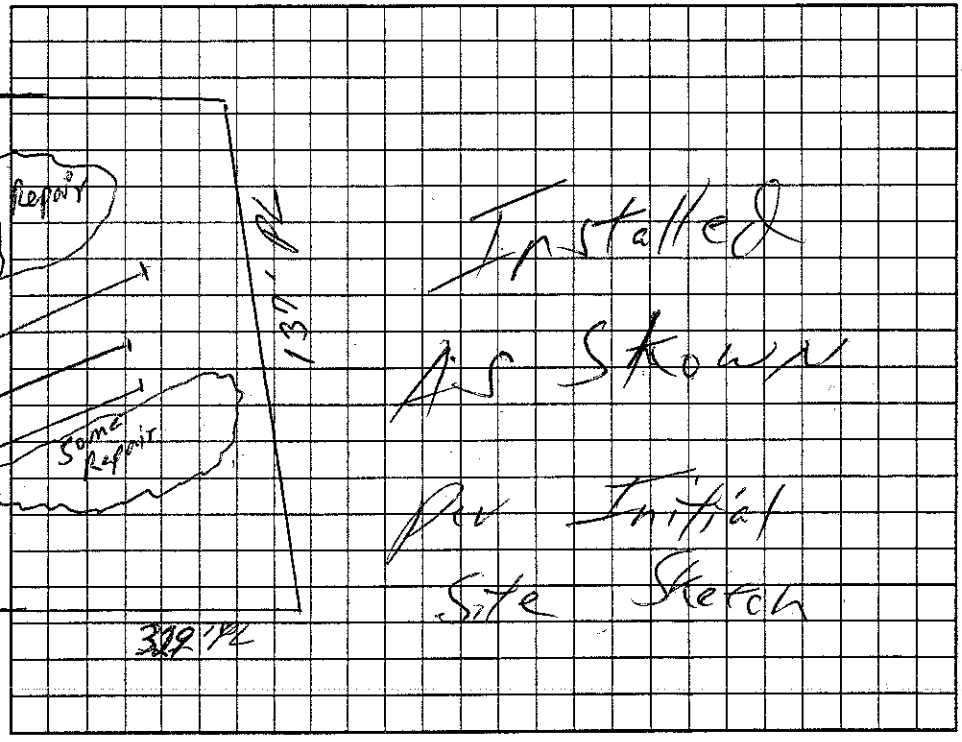
Comments:/Conditions: ① Install liner on contour ② Remove old field terraces ③ maintain proper setbacks ④ stub out plumbing high to keep system gravity.

Comments:/Conditions:
- Tuff-Tite filter + S.T. marker
- Installed 48 Infiltrator panels

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 12/29/03 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 12/29/03 Operation Permit by: William O. Johnson date 8/27/04

Authorization to Construct by: William O. Johnson date 12/29/03 Existing System Inspection by: ____ date ____

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