IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117753 PIN# 4741-43-1485 DATE 2/6/04

OWNER OR CONTRACTOR Alan E. Cook PHONE: Business (704) 872-8923 Home (704) 876-4150

ADDRESS 166 Dan berry Lane Statesville N.C. 28625

LOCATION Hwy 21 N. (L) Shumaker Rd turn into White Farm Rd. (L) Foxglove

SUBDIVISION Graystone Meadow BLOCK / SECTION — LOT 23 LOT AREA 1.0 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft2

Septic Tank: 1000 Gallons; STB 1007 Date 4-5-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Eqv to 1440 Linear Feet 360
No Lines 5 (five) 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 3
☐ Business No. Employees ____
☐ Other _____

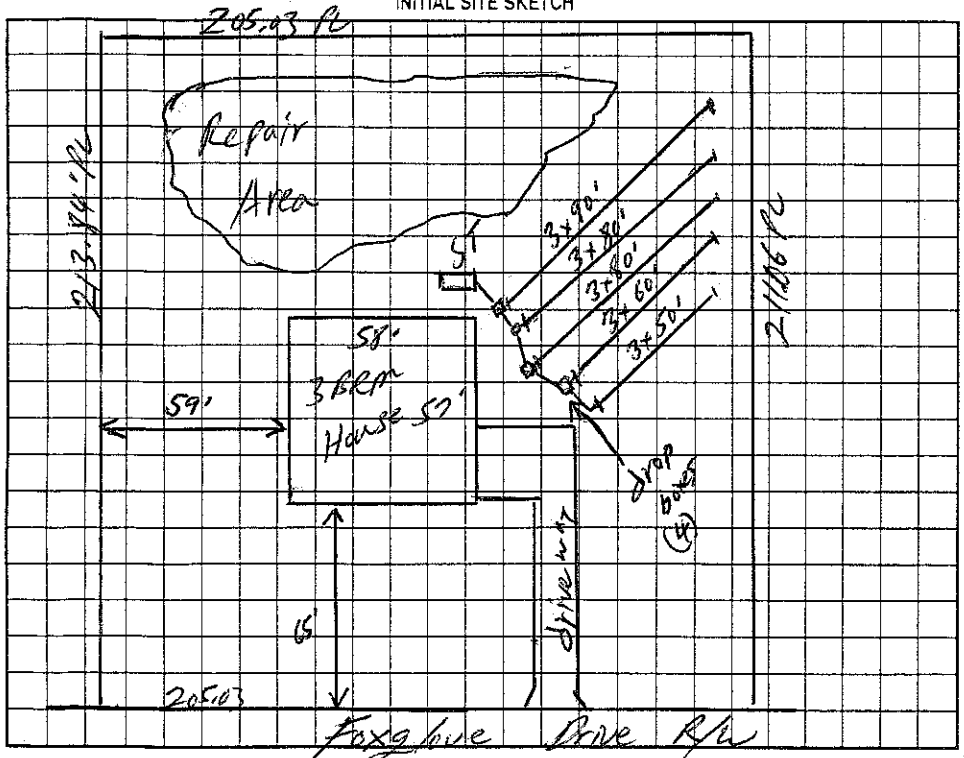
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

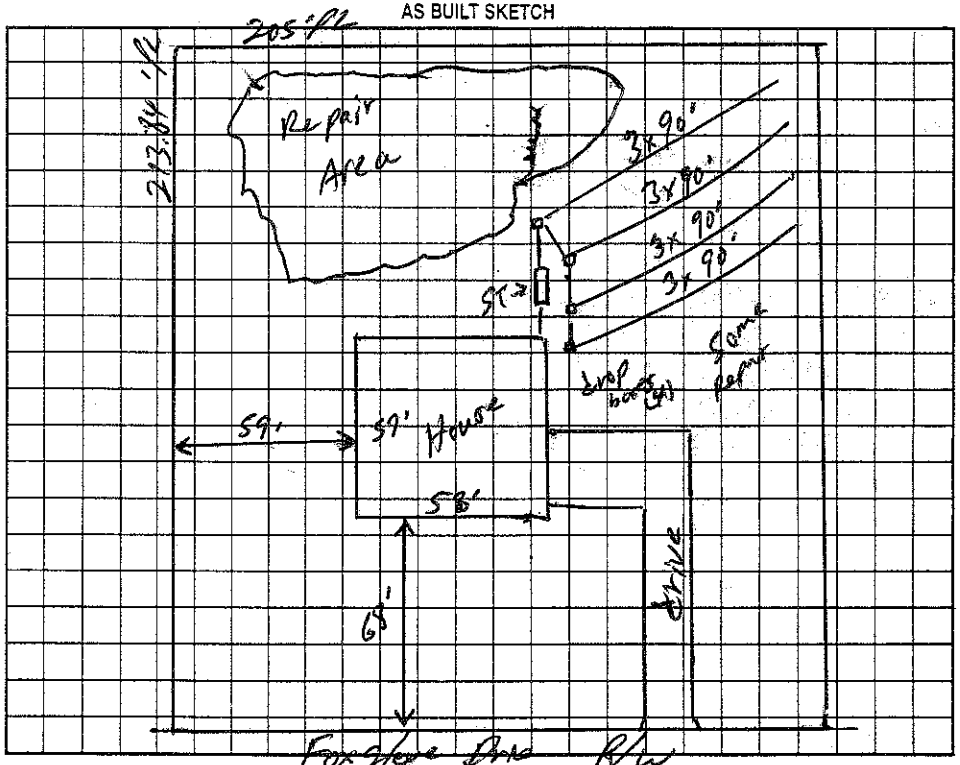
Comments:/Conditions: (1) Install liner on Contour (2) Do not install when wet

Comments:/Conditions:
- Tuff Title Filter + ST marker Installed
- 36" 1054 Sections E-Z-Lay Installer
- System Installed deeper than 30" trench bottom depth

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: _____ date 2/10/04 Installed by: James Hudsler

Improvement Permit by: William O. Johnson date 2/6/04 Operation Permit by: William O. Johnson date 6/8/04

Authorization to Construct by: William O. Johnson date 2/6/04 Existing System Inspection by: _____ date _____

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