IREDELL COUNTY HEALTH DEPARTMENT

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

CT

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

PERMIT# ~~100502~~ 119712 PIN# 4947538546 DATE 6/26/01

OWNER OR CONTRACTOR John's Welding PHONE: Business Cell (704) 880-6620 Home (704) 873-7885

ADDRESS 1516 Mocksville Hwy Statesville NC 28625

LOCATION Hwy 21 N, ① Jennings ② Whites Farm ③ Saddlewood, ④ Appaloosa Lane

SUBDIVISION Saddlewood BLOCK / SECTION 2 LOT 40 LOT AREA .53 Acres SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1012 Date 6-23-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

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

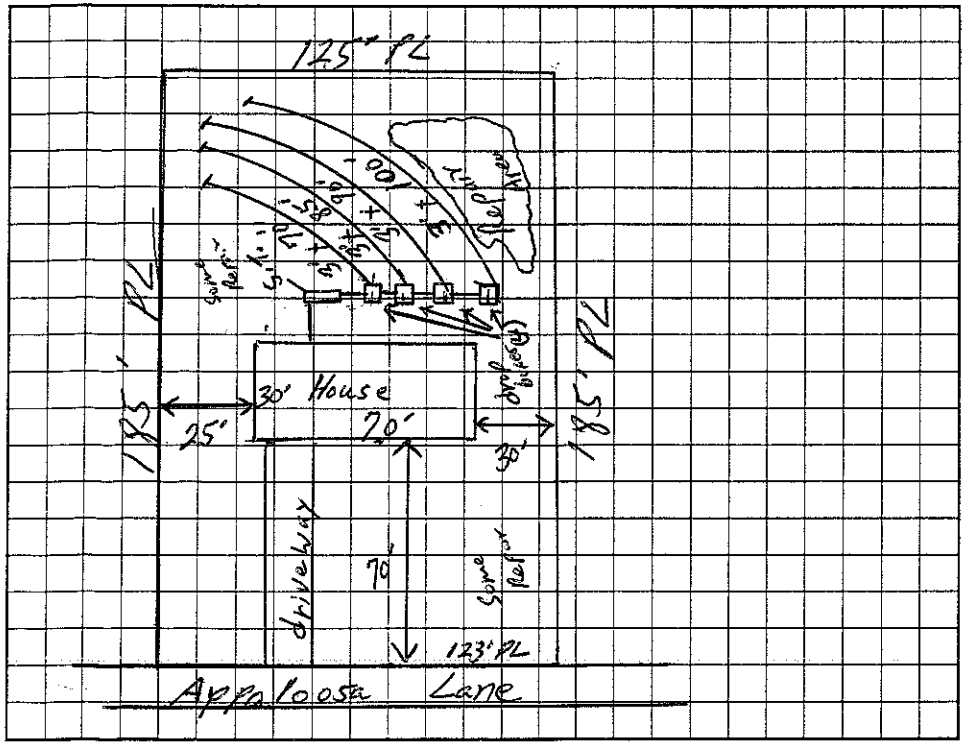
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

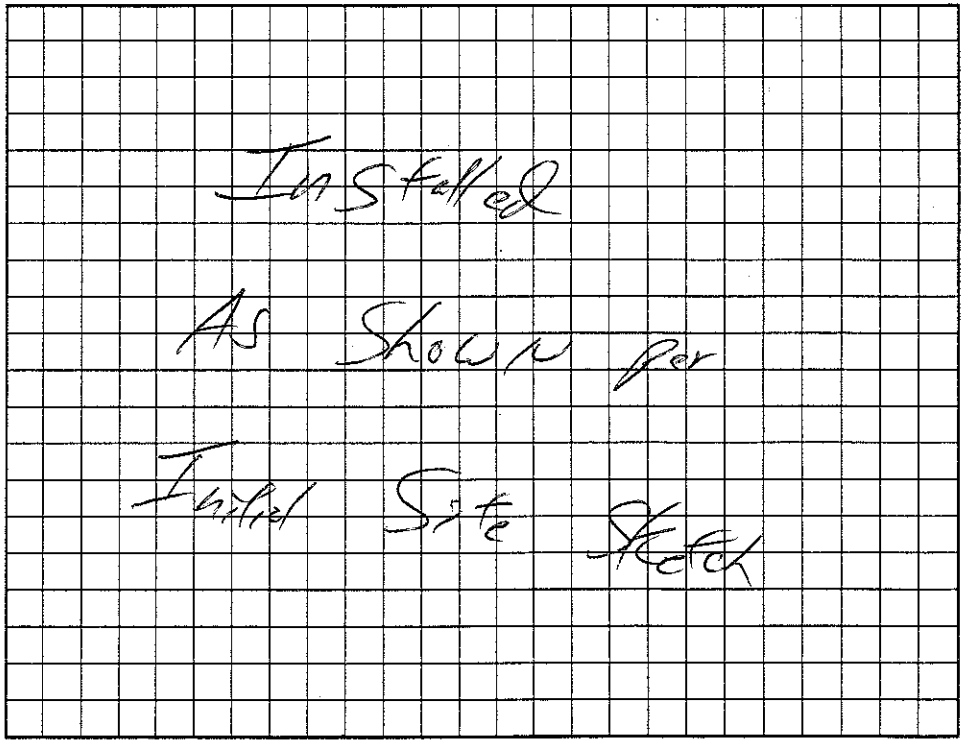
Comments/Conditions: ① Install system on contour ② Keep ~~lines~~ LINES OFF from property lines ③ Do not install when wet.

Comments/Conditions: — Tuff Tite filter installed
— ST. Risers installed

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: Mary Moorefield date 6-27-01
Improvement Permit by: William O. Johnson date 6/26/01
Authorization to Construct by: William O. Johnson date 6/26/01

Installed by: Steve Jordan
Operation Permit by: William O. Johnson date 6-11-04
Existing System Inspection by: ____ date ____

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