IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126875 PIN# 4747-57-3744 DATE 5-3-05

OWNER OR CONTRACTOR IREDELL WATER CORPORATION PHONE: Business 704-876-0672 Home 704-902-6469

ADDRESS P.O. BOX 711 STATESVILLE, NC 28687

LOCATION US 21 NORTH TL JENNINGS ROAD, 2ND TRACT ON LEFT PAST WHITES FARM ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.747 ACRES SITE CLASS. PS DESIGN FLOW 250 L.T.A.R. 0.306 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 6-24-05

Pump Tank: 1000 Gallons; PT 274 Date 7-12-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 833 Linear Feet 280

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI PUMP

System Description: CONVENTIONAL GRAVITY

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

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

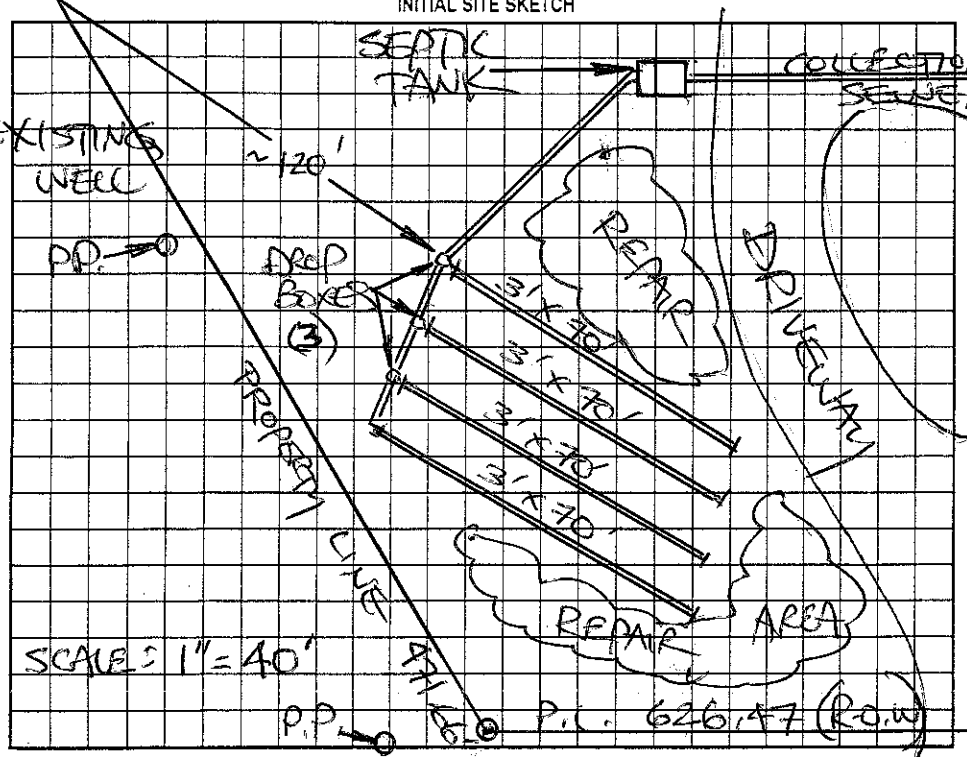
☐ House/Mod. Home ☐ Mobile Home ☑ Business No. Bedrooms ____ No. Bathrooms ____ No. Employees 10

Water Supply: ☐ Individual ☑ Public ☐ Community

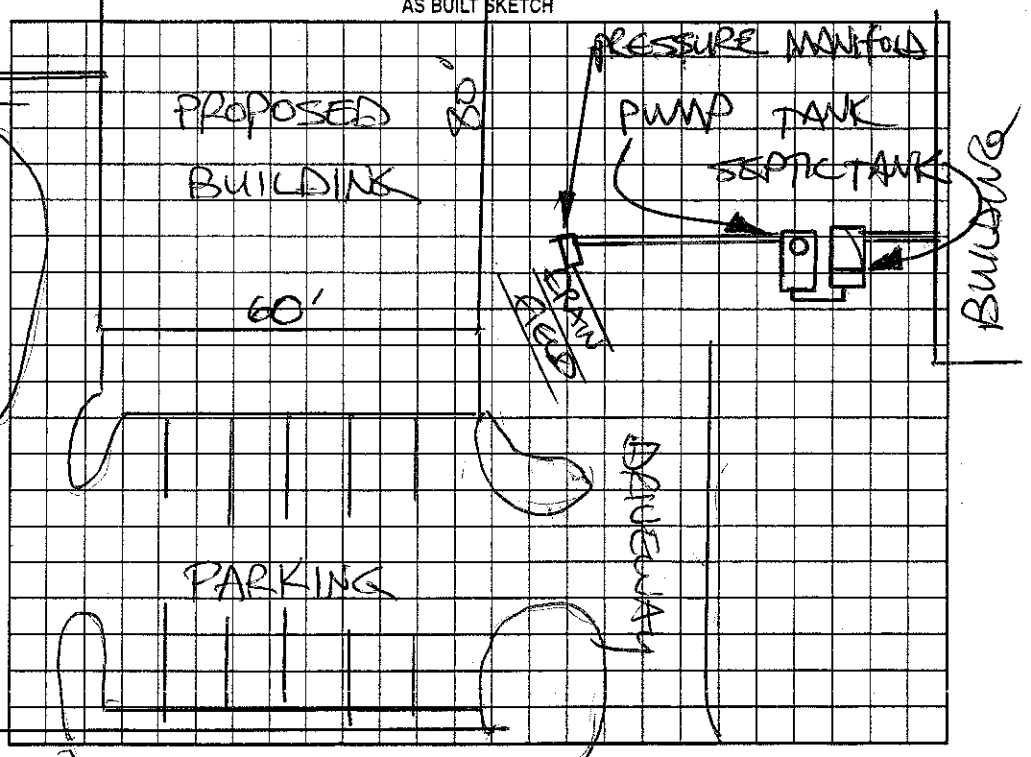
Comments/Conditions: ① INSTALL LINES ON CONTOUR AS FLAGGED ② AN ACCEPTED SYSTEM MAY ALSO BE USED

Comments/Conditions: SYSTEM CHANGED TO PUMP DUE TO GRADING of BUILDING SITE.

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 5/03/05 Installed by: JAMES HUDLER 4-11-06

Improvement Permit by: STEVE HEDRICK date 5-3-05 Operation Permit by: STEVE HEDRICK date 6-17-11

Authorization to Construct by: STEVE HEDRICK date 5-3-05 Existing System Inspection by: _____ date _____

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