IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 116075 PIN# 4947-64-7165 DATE 10/28/03

OWNER OR CONTRACTOR Lou Ferry Hardt PHONE: Business (704) 902-8998 Home —

ADDRESS 135 Big Oak Lane Statesville N.C. 28625

LOCATION Hwy 21 N (L) Shoemaker Rd to Water Farm Rd (L) Saddlewood @ end on left

SUBDIVISION Saddlewood BLOCK / SECTION — LOT 11 LOT AREA .64 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1012 Date 9-30-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 300'
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: Pump - 50% Reduction (LPP)
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____

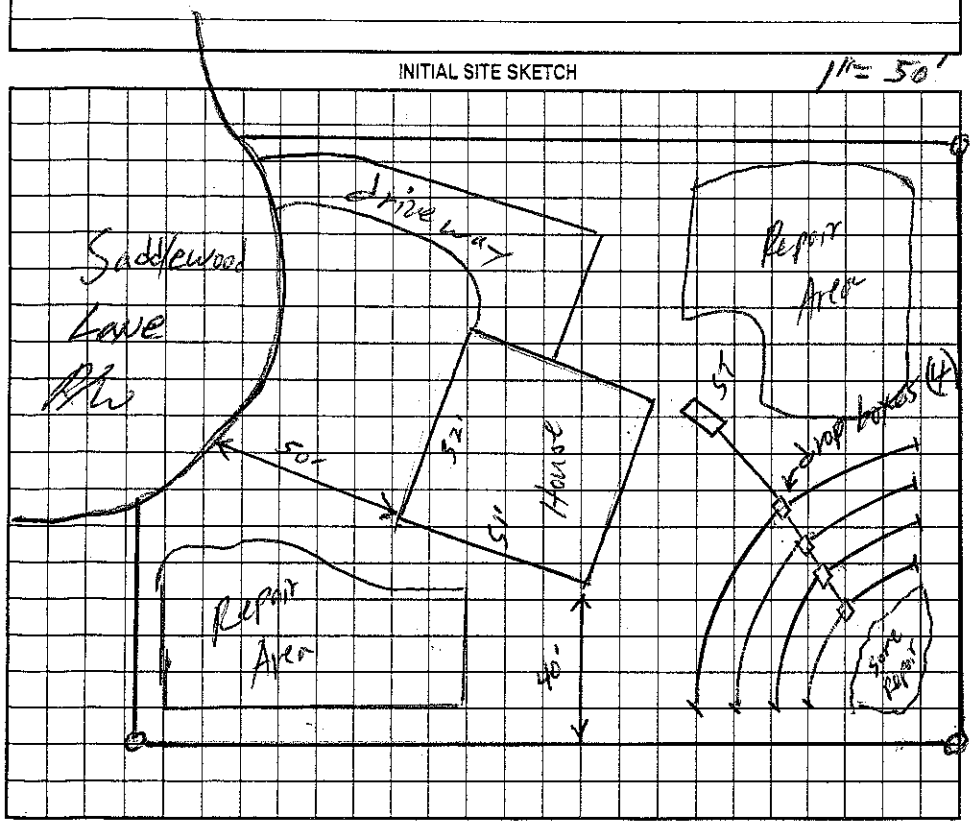
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

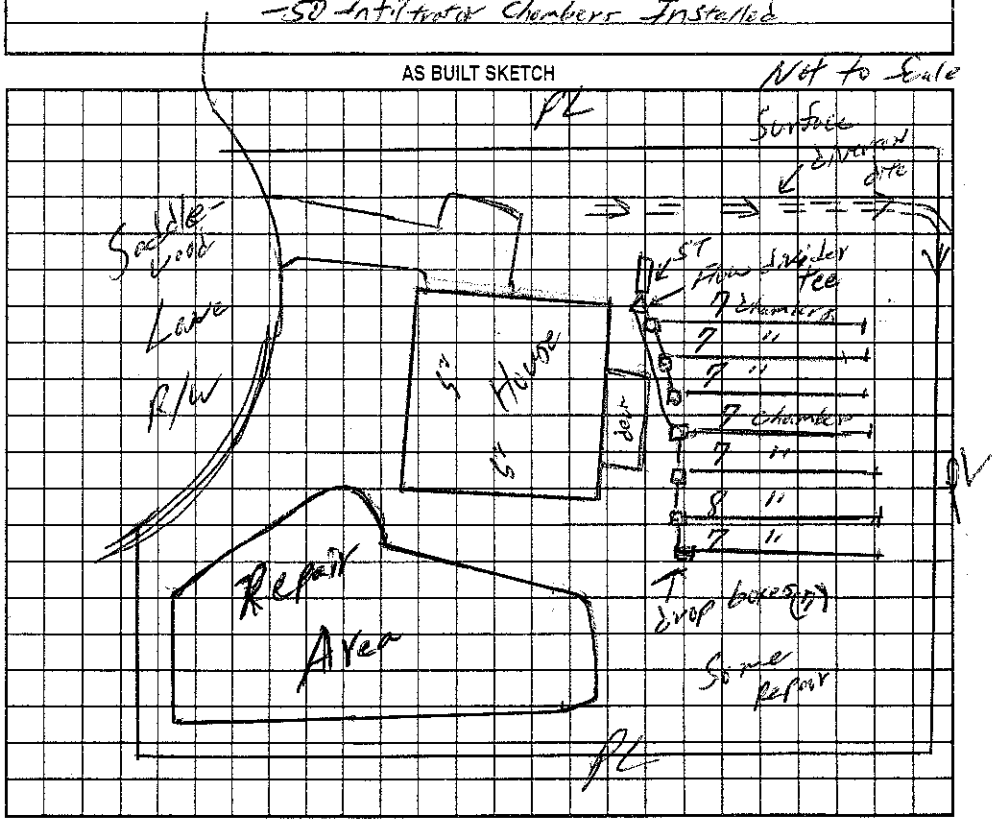
Comments:/Conditions: ① Install lines on Contour

Comments:/Conditions:
Tuff-Tite Filter & ST. Meter Installed
-50 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1"= 50'



AS BUILT SKETCH Not to Scale



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 11/29/03 Installed by: Tommy Frye

Improvement Permit by: William C. Lehman date 10/28/03 Operation Permit by: William C. Lehman date 4/7/04

Authorization to Construct by: William C. Lehman date 10/28/03 Existing System Inspection by: _____ date _____

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