This Permit VOIDS permit issued on 7-21-05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129793 PIN# 4747651778 DATE 12-1-05

OWNER OR CONTRACTOR Cool Spring Builders, Michael Mooresfield PHONE: Business 336 399 5943 Home 704. 883-8839

ADDRESS 161 Donsdale Drive - Statesville, NC

LOCATION I-77 N, ext Hwy 21 N (L) on Jennings Rd. (L) on White's Farm Rd, (L) on Donsdale Dr. Lot #9 on left

SUBDIVISION Donsdale BLOCK / SECTION I LOT 9 LOT AREA .732 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-31-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 3 Max Trench Bottom Depth 36 Gravel Depth n/a

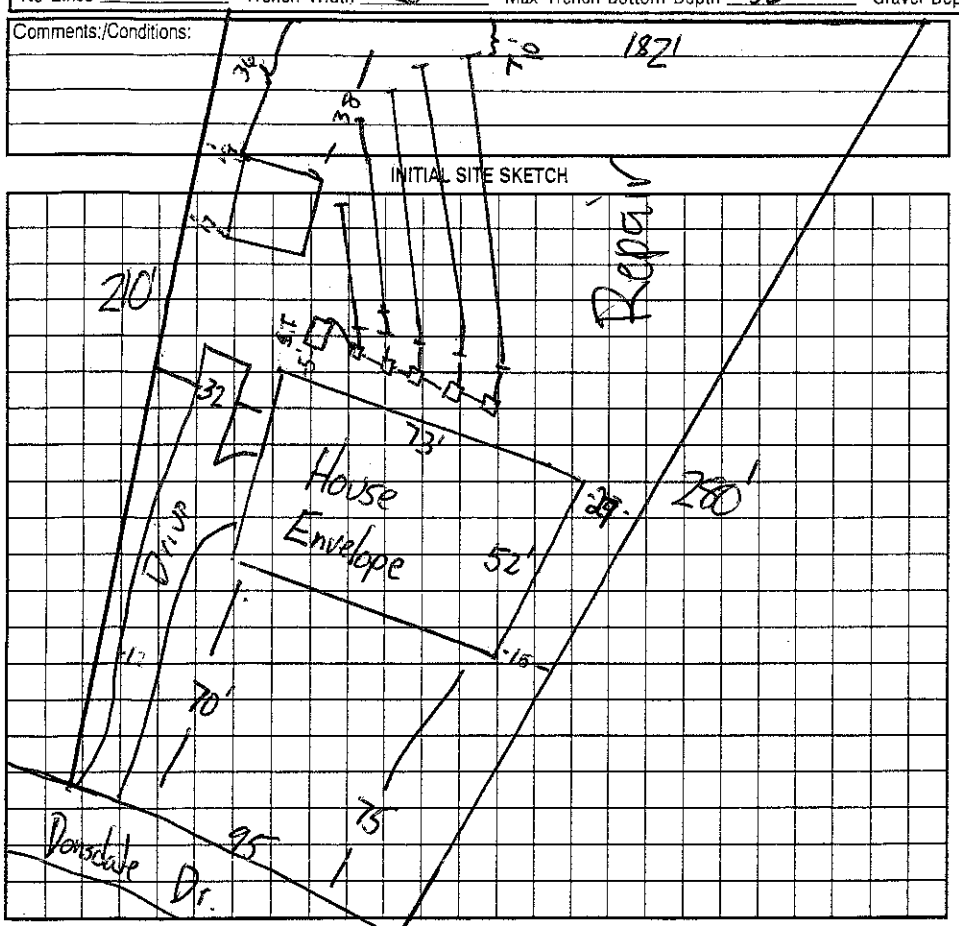
[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: 25% Reduction-Gravity
Repair System Description: 25% Reduction-Gravity
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

Tuff-Tite Filter
ST Marker

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 12.2.05 Installed by: Steve Jordan

Improvement Permit by: _____ date 12-1-05 Operation Permit by: _____ date 3-9-06

Authorization to Construct by: _____ date 12-1-05 Existing System Inspection by: _____ date _____

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