IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148516 PIN# ~~4747741962~~ 52202

OWNER OR APPLICANT Jeremy D. Bunton DATE 2/20/08

ADDRESS 156 Taurus Rd. Statesville, NC 28625 PHONE: Business 704.342.5168 Home 704.450.1248

LOCATION 21 N, TL Jennings, TL Taurus, end of road on left

SUBDIVISION — BLOCK / SECTION — LOT 2 LOT AREA 8.37 acres SITE CLASS. P.S. DESIGN FLOW 360 gal/day L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 1-3-8

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I (II) (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Persons ______ No. Employees ______

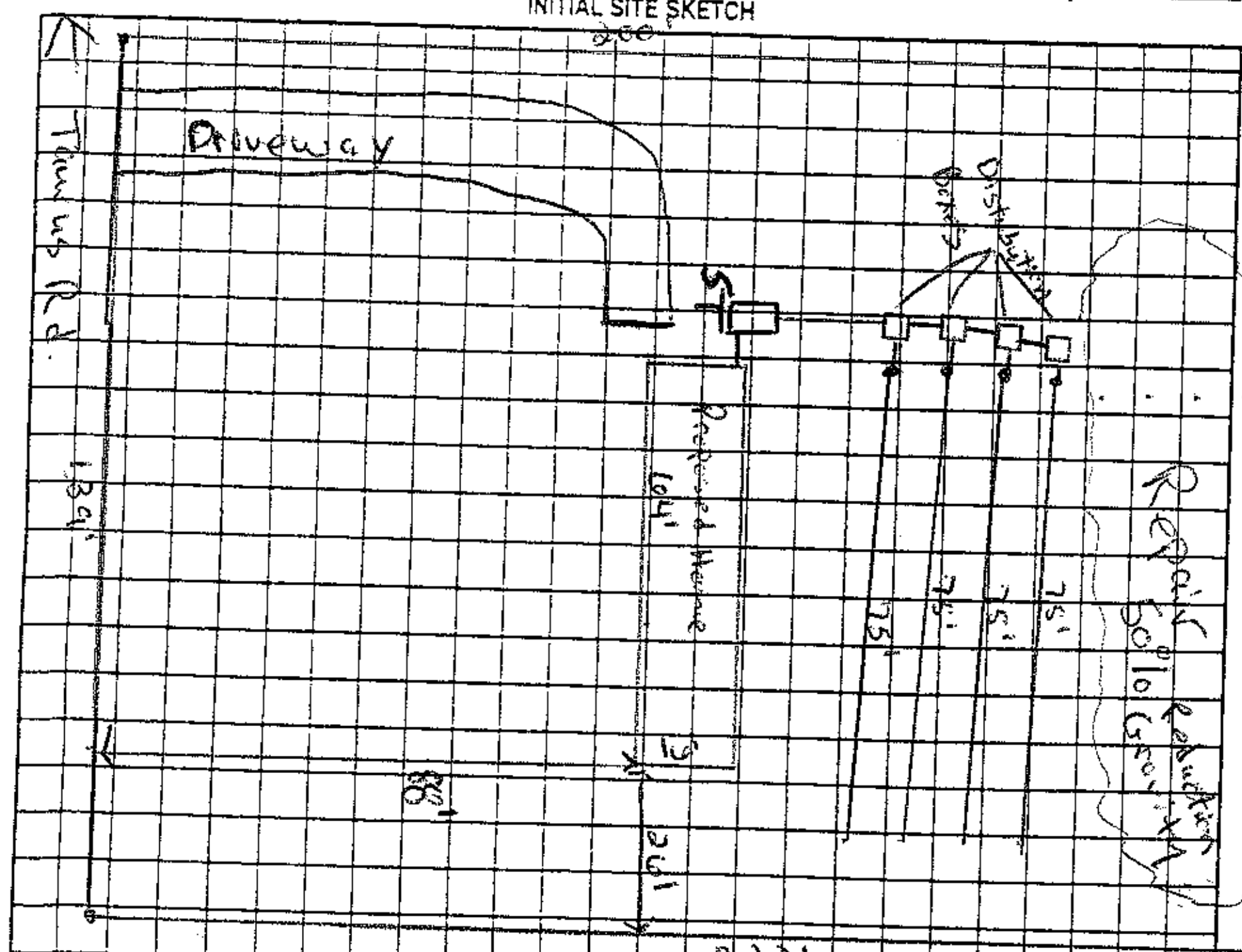
Water Supply: ☑ Individual ☐ Public ☐ Community

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

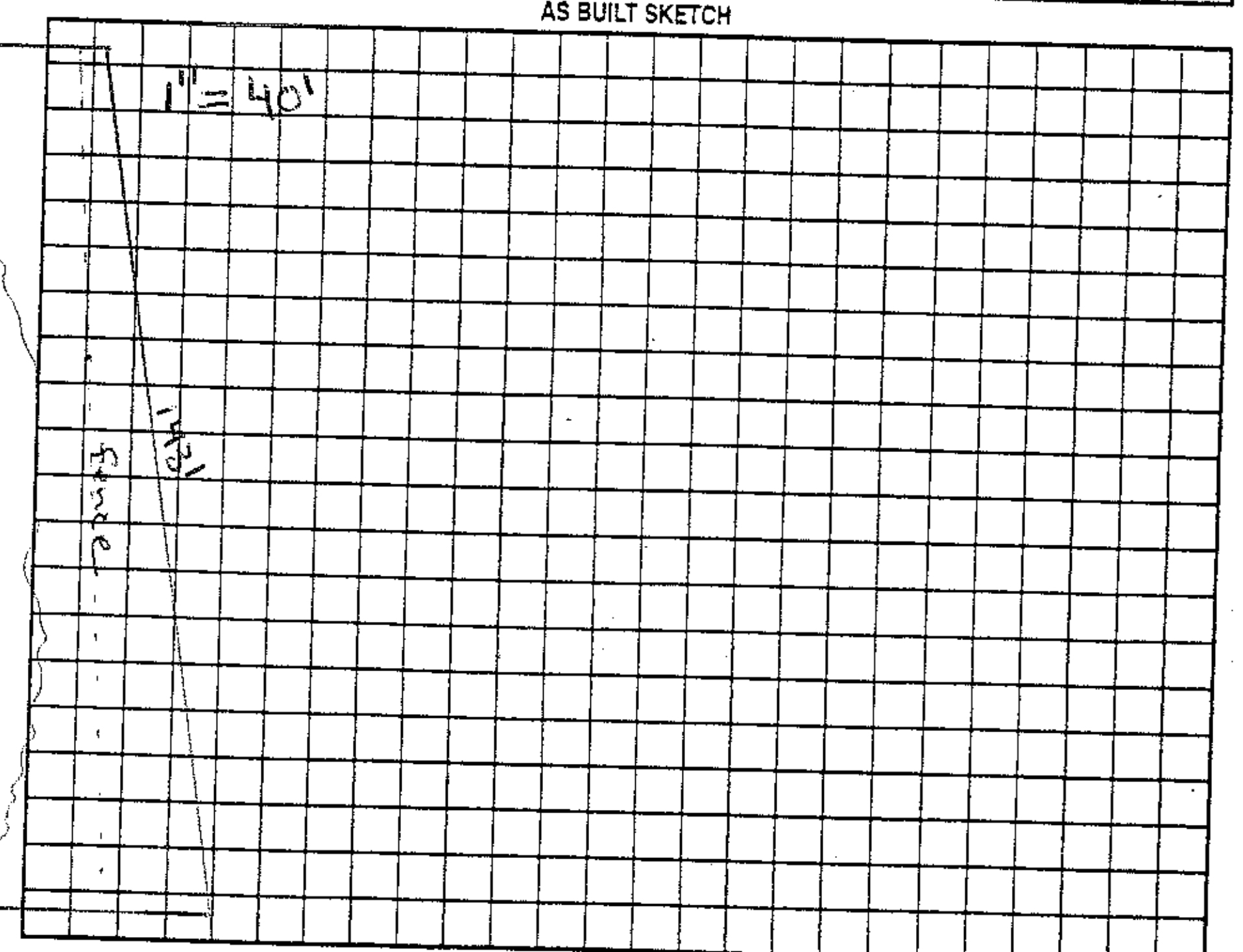
Comments:/Conditions:
- maintain all Setbacks
- Install on Contour
- waterline must stay at least 10' from any part of Septic System

Comments:/Conditions:

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: DJBA date 20 Feb 08

Improvement Permit by: Randall Moore date 2/20/08

Authorization to Construct by: Randall Moore date 2/20/08

Installed by: Pow Septic Tank

Operation Permit by: [signature] date 2-27-8

Existing System Inspection by: ______ date ______

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