IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 4/23/01.

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

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

PERMIT# 095391/11462 PIN# 4747-83-~~8990~~ 9890 DATE 2/9/03

OWNER OR CONTRACTOR Darrell Millsaps PHONE: Business — Home (704) 873-0849

ADDRESS 182-A Simpson Drive Statesville NC 28625

LOCATION 21 N @ Jennings Rd 1 mile on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.50 Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35 gal/sq ft

Septic Tank: 4000 Gallons; STB 1012 Date 1-5-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1372 Linear Feet 460

No Lines 6 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: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees

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

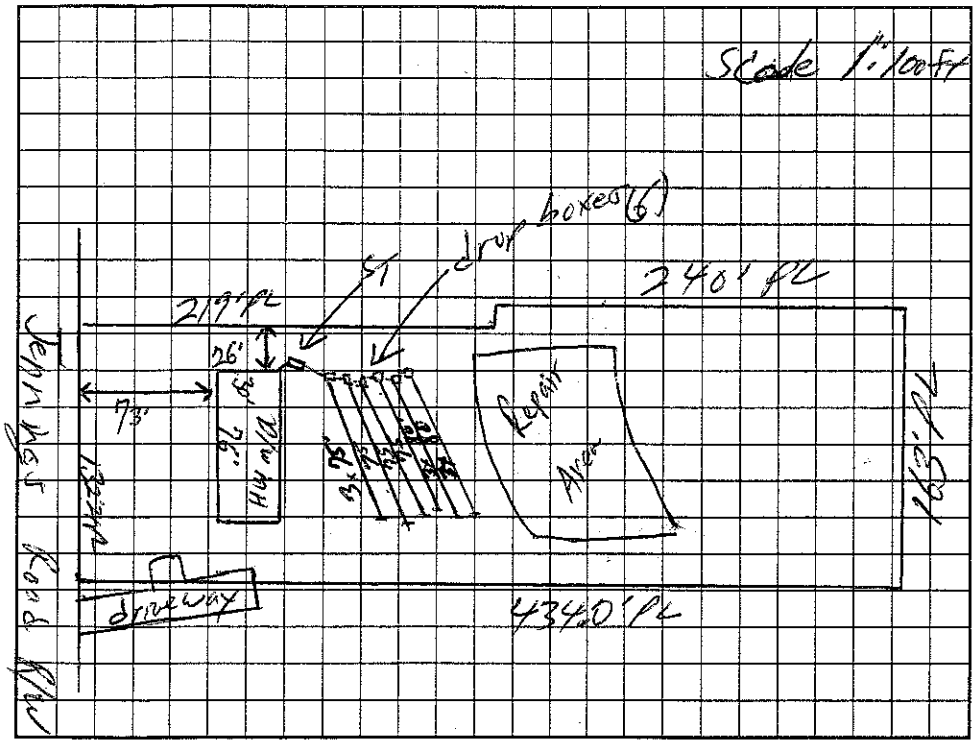
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install lines on Contour

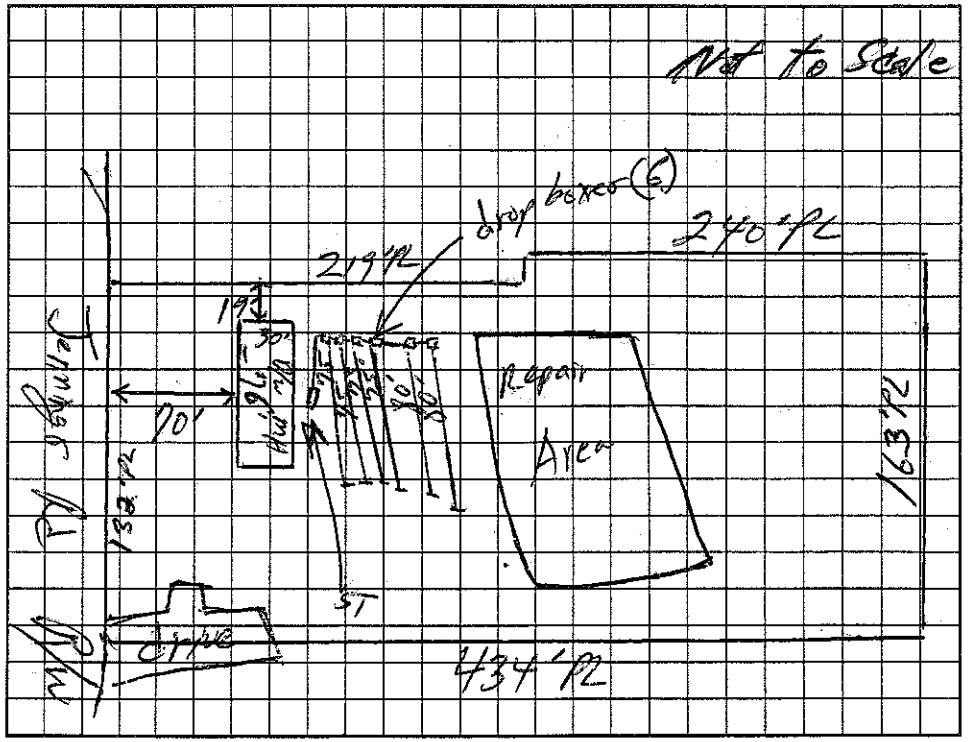
Comments:/Conditions:

— Tuff — Tite Filter 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: _____ date 2/9/03 Installed by: Craig Thompson

Improvement Permit by: William O. Johnson date 2/9/03 Operation Permit by: William O. Johnson date 2/15/03

Authorization to Construct by: William O. Johnson date 2/9/03 Existing System Inspection by: _____ date _____

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