This Permit Voids Permit dated 11-21-96

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25484 82985 PIN# 4747860702 DATE 6-21-99

OWNER OR CONTRACTOR Priscilla Nicholson PHONE: Business _____ Home 876-0877

ADDRESS PO Box 5243 Statesville 28677

LOCATION 21N TL Jennings Rd TR Blackwelder Rd lot on (R)

SUBDIVISION Moore Estates BLOCK / SECTION _____ LOT 2 LOT AREA 1 ac. SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 8-16-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity Conv. Pump 25% reduction
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

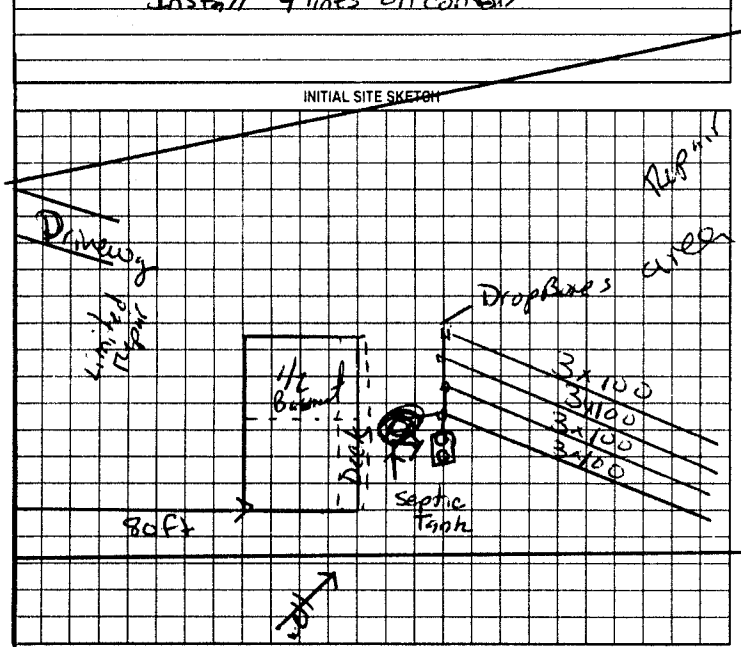
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

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

Comments/Conditions: Install 4 lines on contour

Comments/Conditions: 1/2 Basement

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Priscilla Nicholson date _____

Improvement Permit by: Mary C Griffis date 6-25-99

Authorization to Construct by: Mary C Griffis date 6-25-99

Installed by: David Younts

Operation Permit by: P. C. Moore date 10-27-99

Existing System Inspection by: _____ date _____

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