IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 70923 PIN# 4748851502 DATE June 6 2000

OWNER OR CONTRACTOR John + Lori Root PHONE: Business _____ Home 876 1289

ADDRESS 211 Willard Lane

LOCATION Hwy 77 N ⓖ Tomlin Mill ⓛ Lentz Rd ⓛ Hyod Rd ⓡ Willard on Left Top of hill

SUBDIVISION Deer Creek BLOCK / SECTION _____ LOT 1 LOT AREA 1 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 5-14-99 ☒ New System ☐ Repair System Type: I (II) III IV V VI ☒ House/Mod. Home No. Bedrooms 4

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conventional Gravity ☐ Mobile Home No. Bathrooms 2½

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Same ☐ Business No. Employees _____

Nitrification Field: No Fields 1 Square Feet 1599 Sq Ft Linear Feet 540 Maintenance Agreement Required: ☐ Yes ☒ No ☐ Other _____

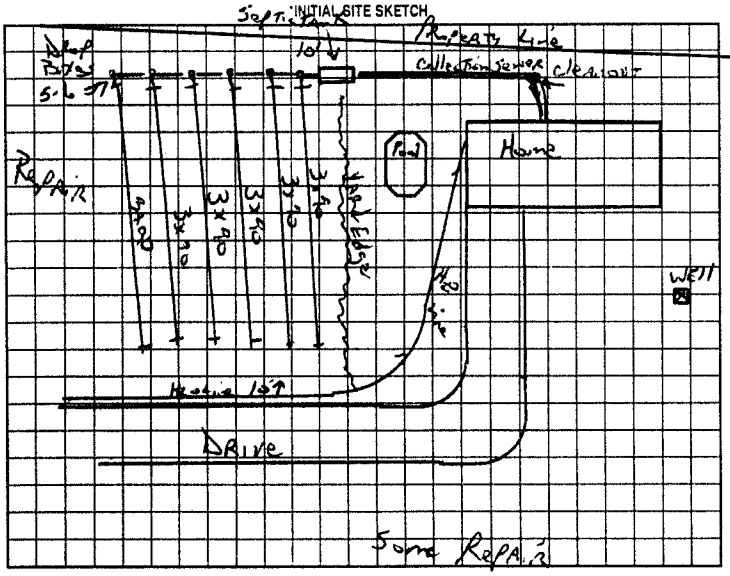
No Lines 6 Trench Width 36" Max Trench Bottom Depth 20-22" Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community — Well on site

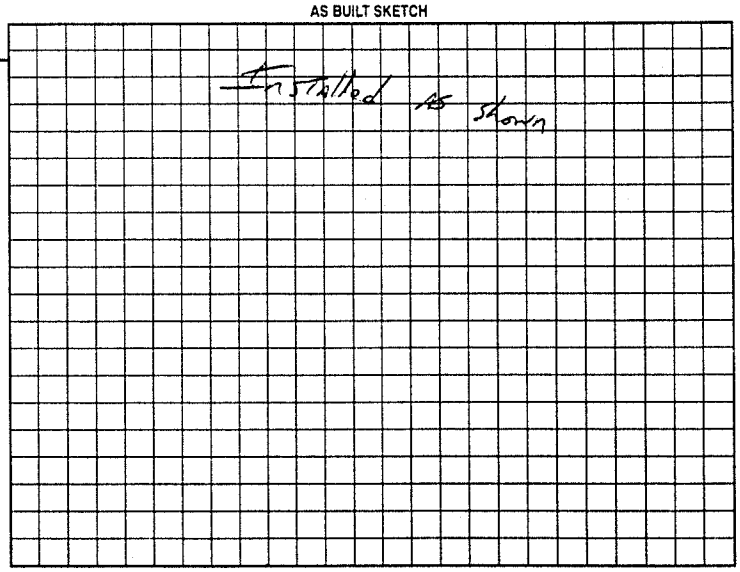
Comments/Conditions: Relocate old tank make sure it is sound + does not leak

Comments/Conditions: Old tank appears sound

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 _____ Installed by: Tommy Faye

Improvement Permit by: JC Potter date June 6 2000 Operation Permit by: JC Potter date June 8 2000

Authorization to Construct by: JC Potter date June 6 2000 Existing System Inspection by: _____ date _____

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