IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110944 PIN# 4752-93-7838 DATE 2-5-03

OWNER OR CONTRACTOR PHILLIP LLOYD PHONE: Business 704-528-4503 Home 704-872-9040

ADDRESS 236 CLEMENTS ROAD, STATESVILLE NC 28677

LOCATION US 70 EAST, TR SHILOH RD, TL CLEMENTS RD, LOT ON RIGHT AT BEVIS LANE (BOX #236)

SUBDIVISION LOYD ACRES BLOCK / SECTION ____ LOT 12 LOT AREA 0.63 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT2

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 560 to 640 Linear Feet 160

No Lines TWO Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No (Low-Press) ☐ Other ____

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

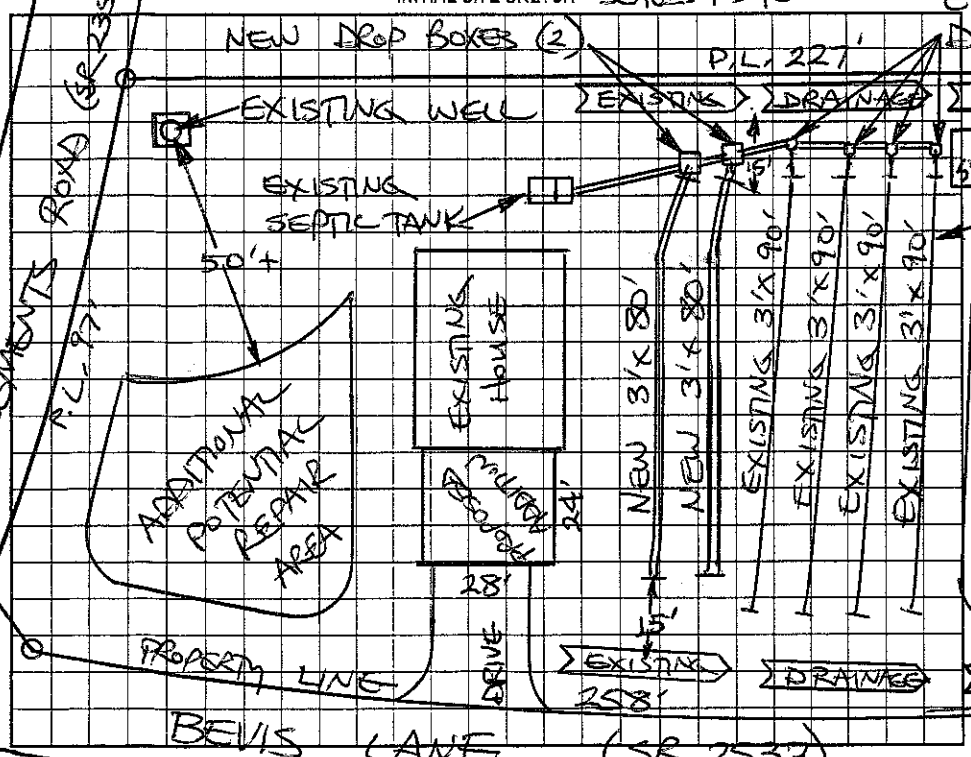
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

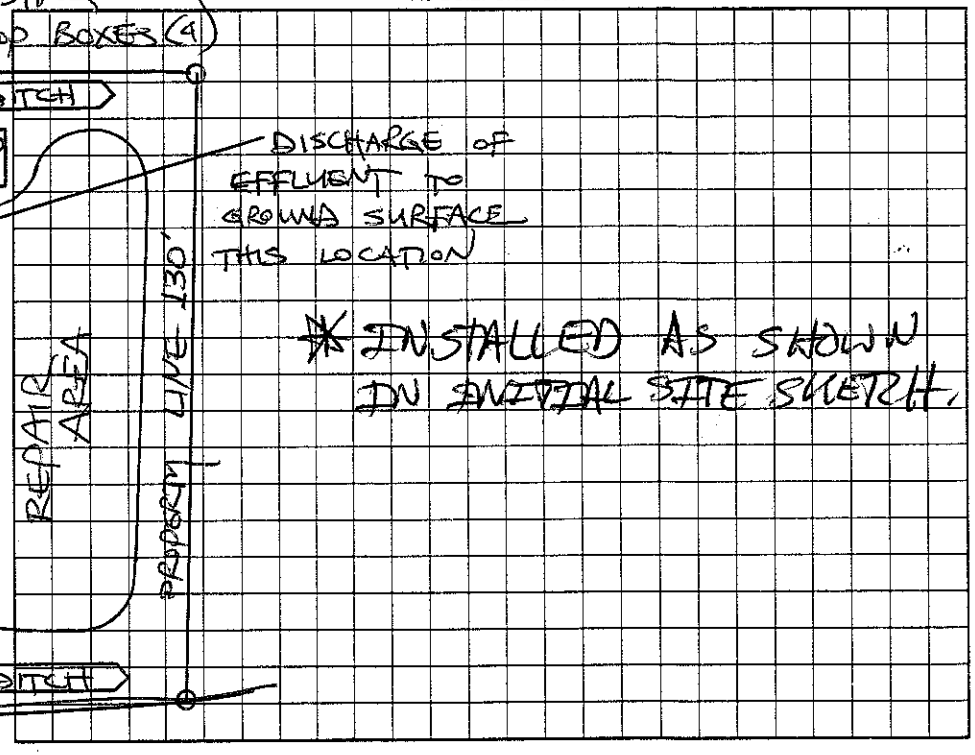
Comments/Conditions: ① SYSTEM FAILING AT TIME of INSPECTION, THIS PERMIT SERVES AS "NOTICE of VIOLATION," SYSTEM TO BE REPAIRED BY MARCH 7, 2003. ② INSTALL 25% REDUCTION SYSTEM AS SHOWN, ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1"=40'



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: Phillip R. Lloyd date 2-13-03 Installed by: LANCE LINGLE 04/03/03

Improvement Permit by: STEVE HEDRICK date 2-5-03 Operation Permit by: Patrick Mitchell date 04/04/03

Authorization to Construct by: STEVE HEDRICK date 2-5-03 Existing System Inspection by: ____ date ____

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