IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CV) MOORESVILLE 704-664-5281

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

PERMIT# [illegible] 11227 PIN# 4756-43-6871 704-838-8934 DATE 05-22-03

OWNER OR CONTRACTOR J.L. RAE, LLC PHONE: Business CELL 704-495-5038 Home 704-876-4854

ADDRESS 139 MORNING DOVE LN STATESVILLE, NC 28625

LOCATION JANE SOWERS RD (R) EAST MEADOWVIEW, 1st RIGHT, LOT ON LEFT BY BOX # 165 ON LEFT

SUBDIVISION MEADOWVIEW BLOCK / SECTION ____ LOT 71 LOT AREA .42 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 11-12-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1440' Linear Feet 360'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 6RAW 25% REDUCTION
Repair System Description: 6RAW 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

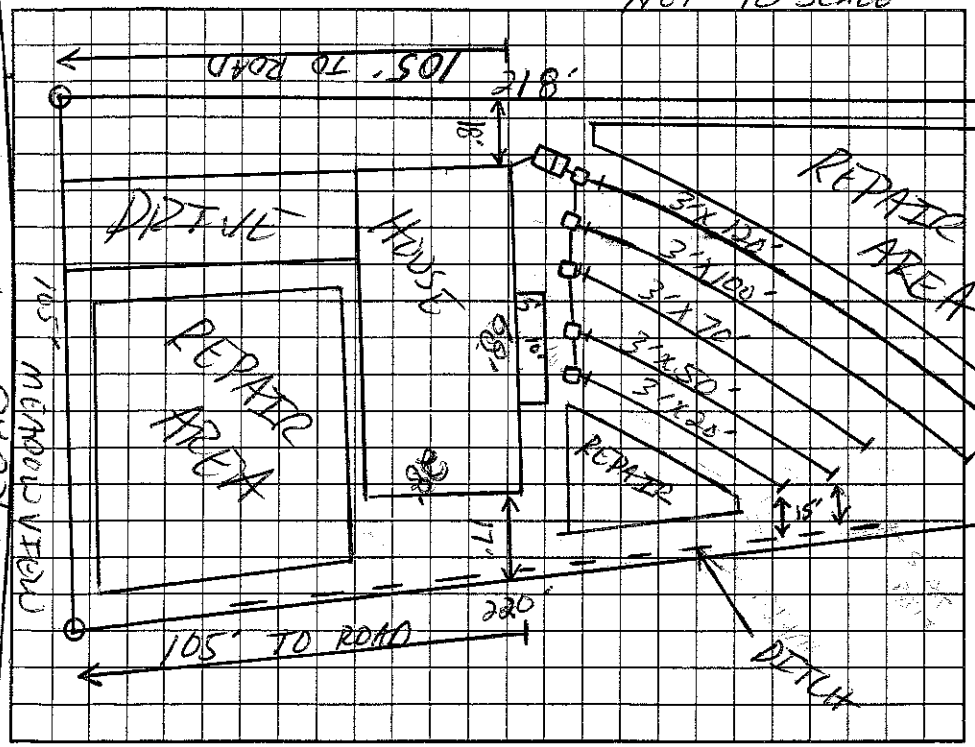
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) TAKE NOTE OF MAXIMUM TRENCH BOTTOM DEPTH (2) DUE TO SHALLOW LINES, USE DIST. BOX ON EACH LINE & PLACE SPEED LEVELER IN EACH BOX ACTING AS A DROP BOX (3) HOUSE & LINES MKD

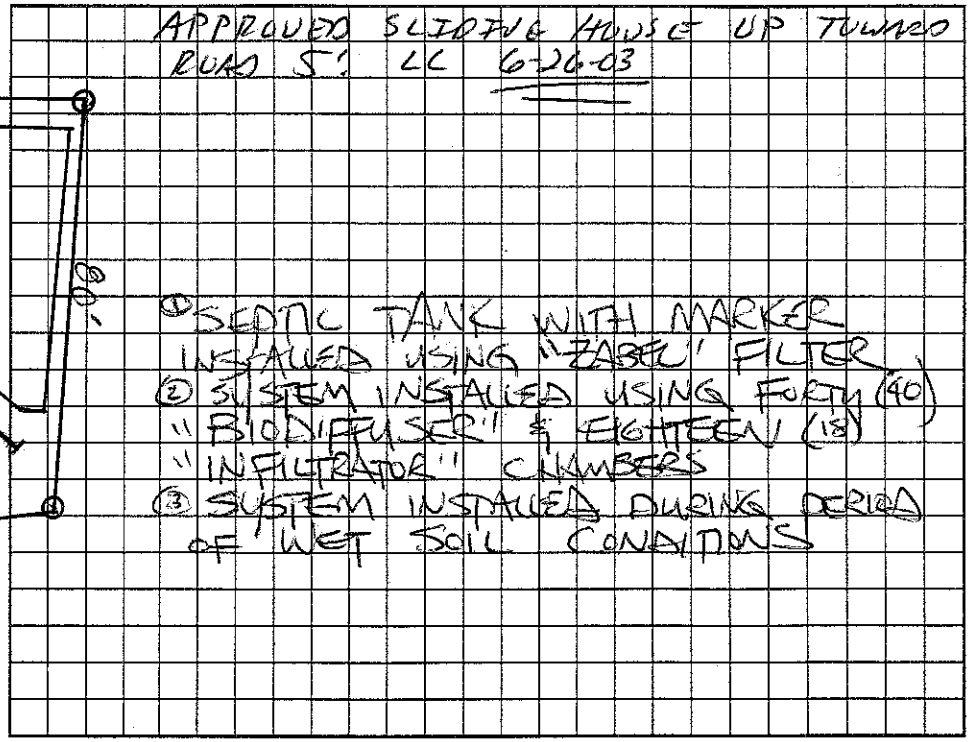
Comments:/Conditions: FLAGGED OUT COMPLETELY. [illegible] (4) STUB OUT 6" ABOVE NATURAL GRADE & BACKFILL. (4) MAINTAIN SETBACKS.

INITIAL SITE SKETCH "NOT TO SCALE"



AS BUILT SKETCH

APPROVED SLIDING HOUSE UP TURNED RUNS S; LC 6-26-03



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: J.L. Rae, LLC by: T. Kreutzer date 5-22-03 Installed by: ESKER ELDER

Improvement Permit by: [signature] RS date 5-22-03 Operation Permit by: STEVE HEDRICK date 12-19-03

Authorization to Construct by: [signature] RS date 6-26-03 Existing System Inspection by: ____ date ____

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