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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138194 PIN# ~~4756-73-3534~~ 4756733467 DATE 09/27/06

OWNER OR APPLICANT LIBBY RUMPLE PHONE: Business _____ Home 704-546-2107

ADDRESS 500 OLD MOCKSVILLE RD, STATESVILLE, NC 28625

LOCATION HWY 64 EAST, L OLD MOCKSVILLE RD., LOT ON LEFT @ BOX #500.

SUBDIVISION N/A BLOCK / SECTION — LOT — LOT AREA 0.583 Ac. SITE CLASS. PS DESIGN FLOW 240 GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,000 Gallons; STB TP1012-1000 Date 4-15-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ to 960 Linear Feet 160'
No Lines 4 @ 40' Trench Width 24" Max Trench Bottom Depth 36"

X New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUC., LOW PRESS.
Maintenance Agreement Required: ☐ Yes X No

Gravel Depth N/A X Gravity ☐ Pressure ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

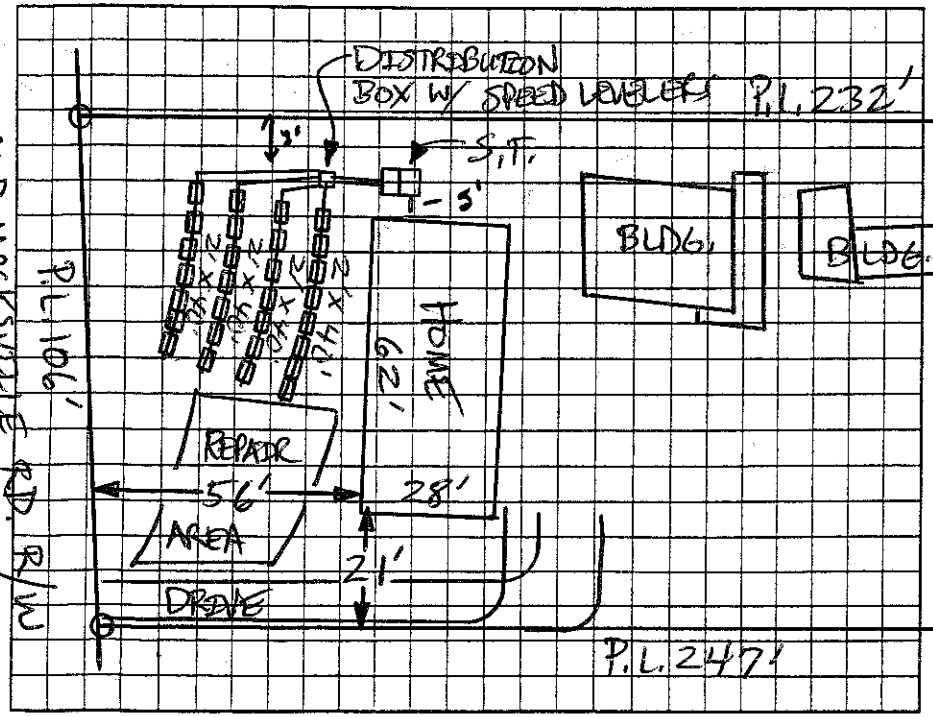
X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual X Public ☐ Community

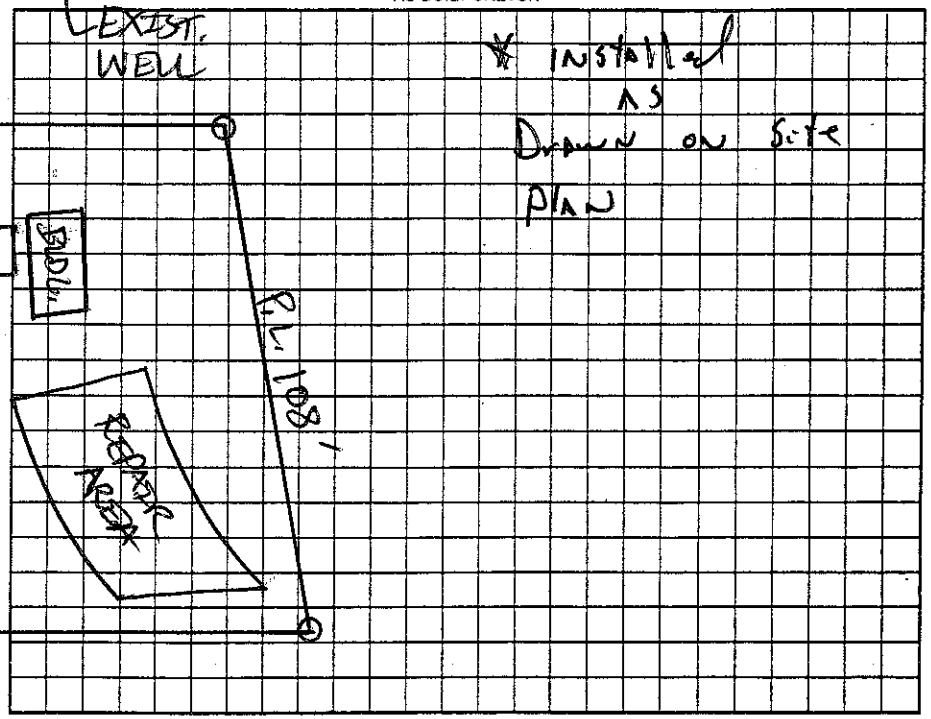
Comments:/Conditions:

Comments:/Conditions:
BLDG. * Filter installed / Marker on tank

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 X Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Libby L. Rumple date _____ Installed by: A-1 Backhoe

Improvement Permit by: _____ date 09/27/06 Operation Permit by: _____, R.S. date 10 January 07

Authorization to Construct by: _____ date 09/27/06 Existing System Inspection by: _____ date _____

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