IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125541 20 PIN# 4763-85-5561 DATE 12/10/04

OWNER OR CONTRACTOR Statesville Housing Center Inc. PHONE: Business (704) 924-93 93 Home —

ADDRESS 115 more head Rd Statesville, N.C. 28677

LOCATION Hwy 70 East Right on' moorehead (L. Corner of morehead + Hwy 70

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 5.001 Ac SITE CLASS. F5 DESIGN FLOW Ex L.T.A.R. Ex

Septic Tank: Ex. Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 @ 60 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Gravity, Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☒ Business No. Employees 5

☐ Other ____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

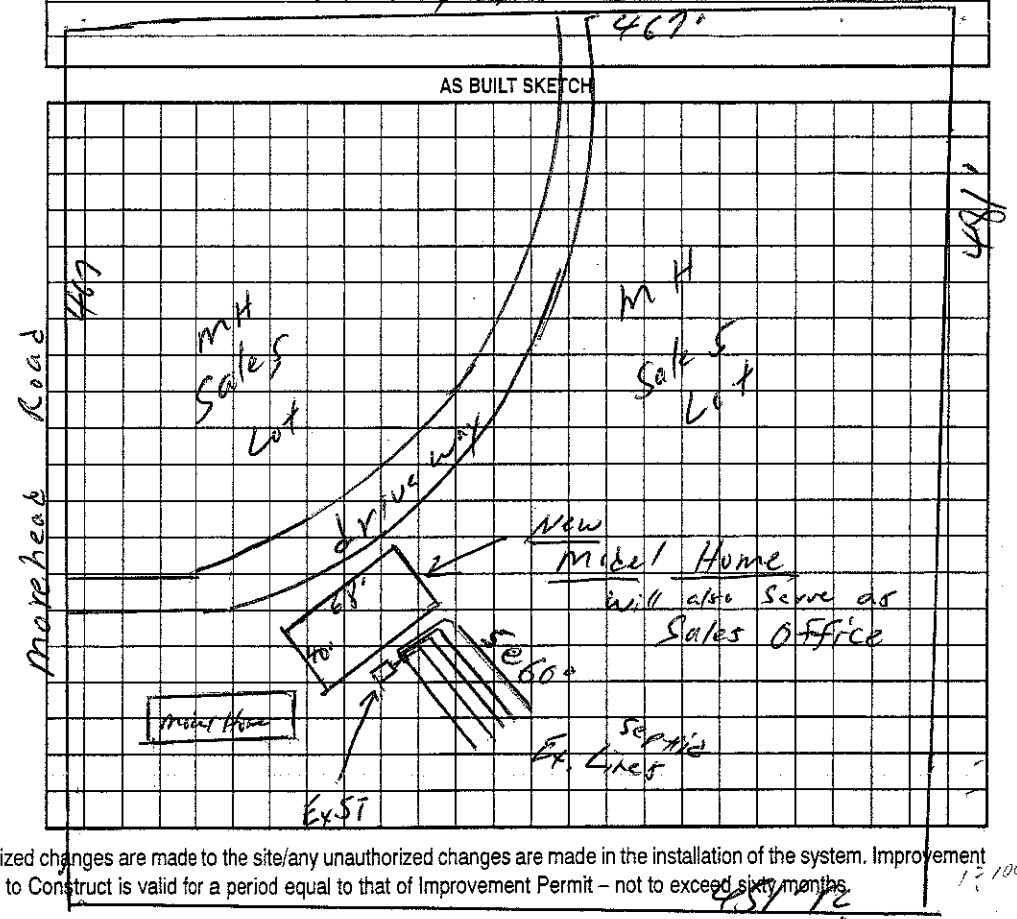
Comments:/Conditions:

Comments:/Conditions: Existing System OKay at time of inspection. Keep House 5ft from Septic System. No vehicular traffic over drain field

INITIAL SITE SKETCH

Scale 1" = 100'

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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: William O Johnson date 12/10/04

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