THIS PERMIT REPLACES PREVIOUSLY ISSUED PERMIT DATED 03/06/03.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111372 PIN# ~~4764-21-6874.2~~ 4764-21-5860 DATE 06-13-03

OWNER OR CONTRACTOR DAVID & BARBARA MOOSE PHONE: Business 902-5281 Home 924-7778 / 873-4944

ADDRESS 397 FANJOY RD STATESVILLE, NC 28677

LOCATION 70 EAST, @ FANJOY RD @ @ 1.5 miles # at BOX # 429

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.5086AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 6-16-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ= 1920' Linear Feet 480'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: GRAV 25% REDUCT

Repair System Description: PUMP/LP PANEL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

[ ] Other _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

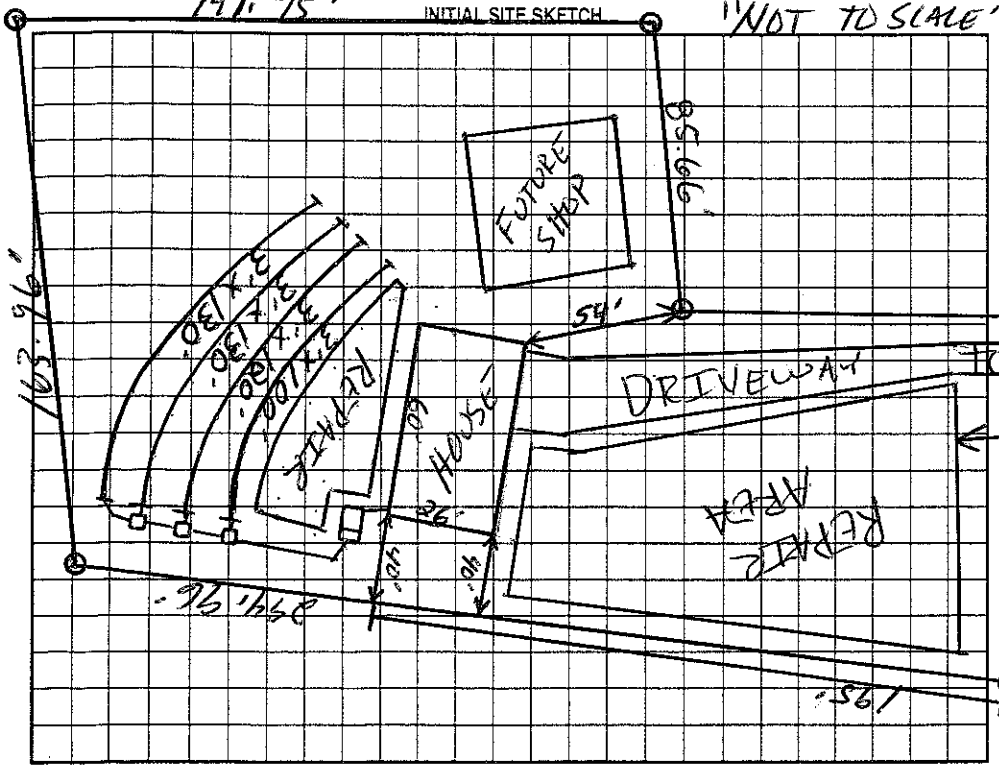
Water Supply: [X] Individual [ ] Public [ ] Community

WELL

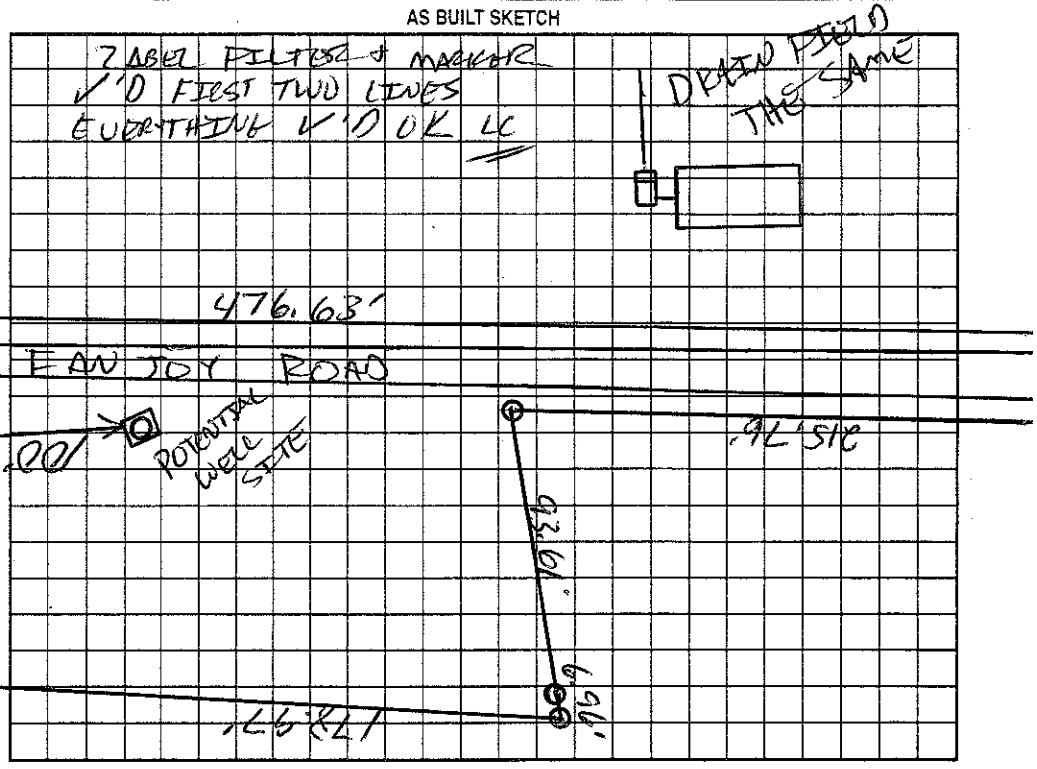
Comments/Conditions: ① INSTALL DRAINLINES AT 36" DEEP. THIS IS THE MINIMUM. ② MAINTAIN SETBACKS & INSTALL LINES ON CONTOURS ③ SYSTEM & HOUSE ARE COMPLETELY FLAGGED OUT ON 197.75'

Comments/Conditions: THE LOT, V'D LAST TWO LINES ON 7-22-03. NEED THE REST V'D INCLUDING FILTER.

INITIAL SITE SKETCH "NOT TO SCALE"



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: Barbara Moose date 6-13-03 Installed by: MARTY TUCKER

Improvement Permit by: [signature] date 6-13-03 Operation Permit by: [signature] RS date 7-25-03

Authorization to Construct by: [signature] date 6-13-03 Existing System Inspection by: _____ date _____

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