IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094256 PIN# 4765926170 DATE 2/5/01

OWNER OR CONTRACTOR Randy + Julie Parks PHONE: Business — Home (704) 878-6289

ADDRESS 100 Kalispina Dr. Statesville, N.C. 28625

LOCATION 64E, Bon Lone Pine Rd, Property on R After 1st Curve ~ ½ mi

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 4000 Gallons: STB 1007 Date 11-24-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines _____ Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Conventional, Gravity

Repair System Description: 25% Reduction, Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

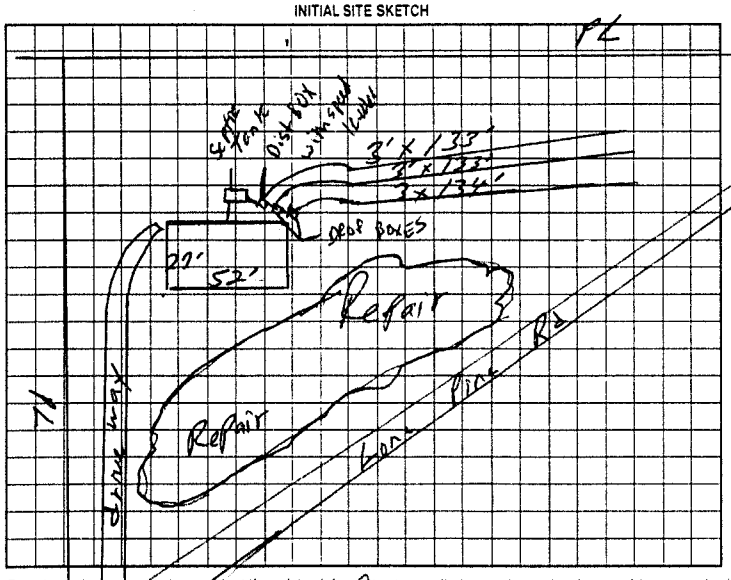
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

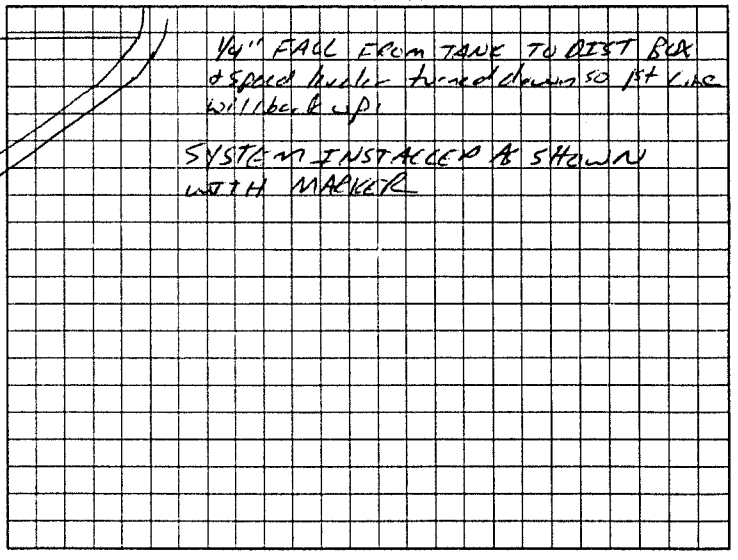
Comments/Conditions: ① Do NOT INSTALL when wet ② INSTALL in Contour ③ Keep 10ft From property lines

Comments/Conditions. SYSTEM INSTALLED WITH ABS/LUG ENTER

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

Signed: Julie L. Parks 02-06-01 date 02-06-01 Installed by: JODY TRAVIS

Improvement Permit by: William G. Johnson RSI date 2/5/01 Operation Permit by: Jim Cook RSI date 4-26-01

Authorization to Construct by: William G. Johnson RSI date 2/5/01 Existing System Inspection by: _____ date _____

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