IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permits #094792 + #094794 dated 4/2/01.

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

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

PERMIT# 114551 20 PIN# 4766-56-~~5330~~ 5332 DATE 8/5/03

OWNER OR CONTRACTOR Aaron Sadowski ~~328 Swan Rd~~ PHONE: Business (704) 902-1836 Home (704) 873-0906

ADDRESS 328 Swan Rd Statesville NC 28625

LOCATION 64 E (L) River Hill Rd (R) Chestnut Grove on Left before Dewey Drive

SUBDIVISION Gabriel Acres BLOCK / SECTION — LOT 172 LOT AREA 2.0 Acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 1-13-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 534

No Lines 4@134 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: Gravity Conv.

Repair System Description: Gravity 25% Red.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

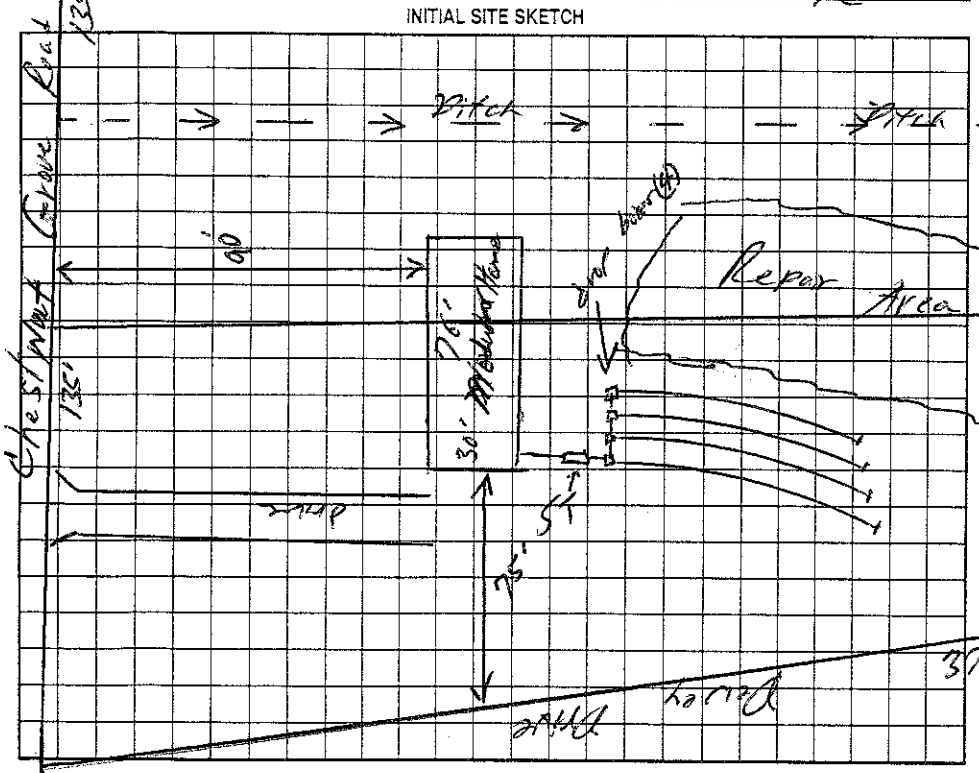
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

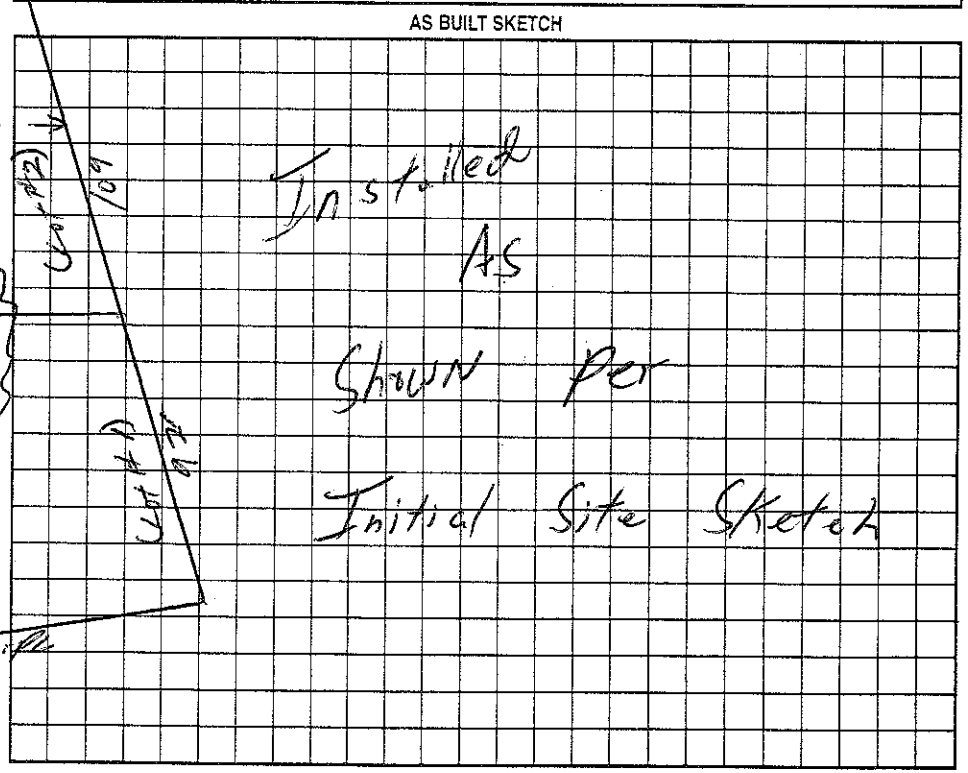
Comments:/Conditions: (1) Install lines on Contour

Comments:/Conditions: Tuff-Tite Filter + ST Marker Installed

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: Gerald C. Smith date ____

Improvement Permit by: William O. Johnson date 8/5/03

Authorization to Construct by: William O. Johnson date 8/5/03

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 8-9-03

Existing System Inspection by: ____ date ____

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