CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110865 PIN# 4766-77-6115 DATE 2/26/03

OWNER OR CONTRACTOR ~~Tony~~ Lokarie Lowthorp Brown PHONE: Business — Home (704) 873-5195

ADDRESS 198 Wooten Farm Rd. Statesville N.C. 28625

LOCATION Hwy 21 N, (R) Jane Sowers Rd, (L) Old Mocksville Rd, (R) Chestnut Grove Rd, (L) Wooten Farm Rd, 3rd House on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.03 Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. ~~0.35~~ 0.45

Septic Tank: ~~1,000~~ 1,000 Gallons; STB — Date —

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 607 Linear Feet 203

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity, Conventional

Repair System Description: Pump, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

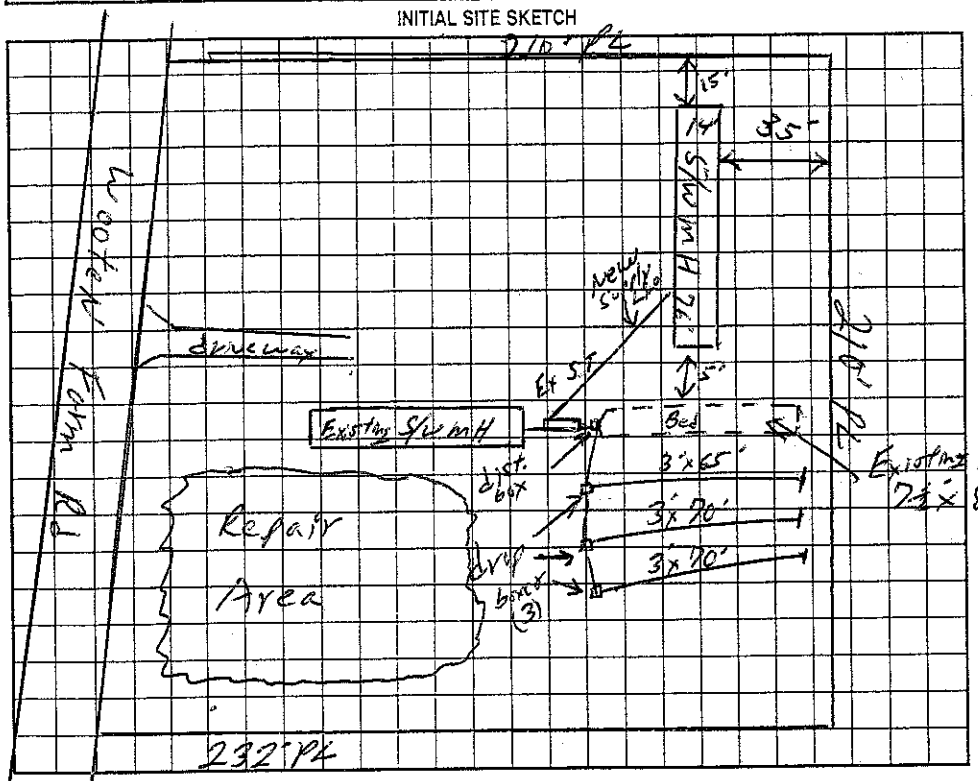
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① Replacing S/w MH Existing S/w MH to be removed from property ② Install Lines on Contour ③ Replace distribution box if necessary ④ Maintain proper setbacks

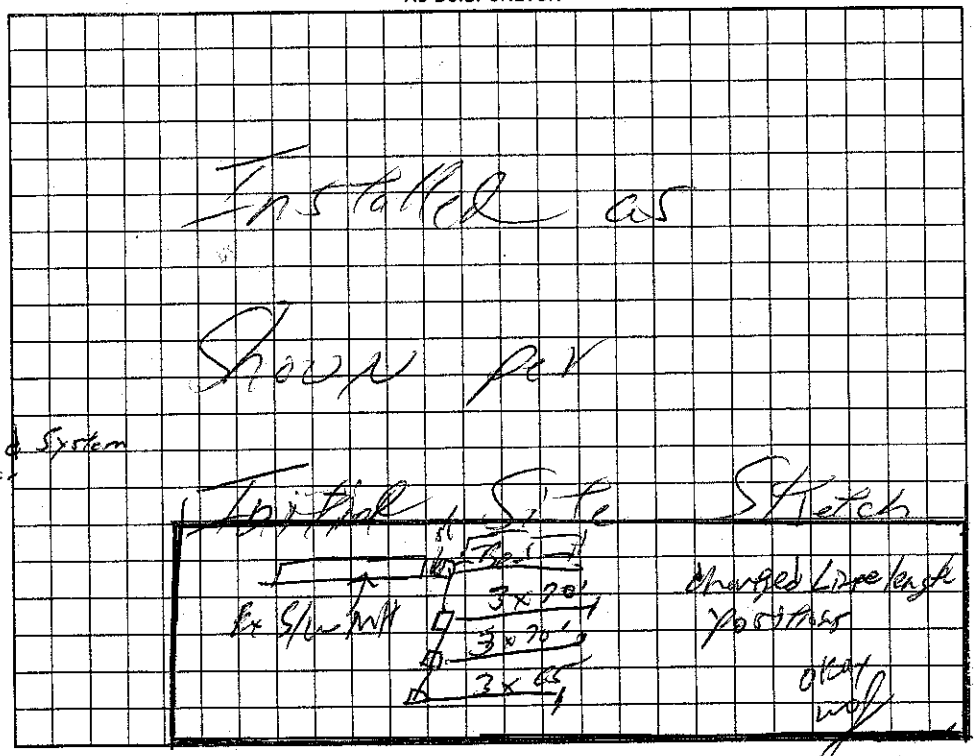
Well

Comments:/Conditions:

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: ____ date 2/24/03 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson date 2/26/03 Operation Permit by: William O. Johnson date 3/24/03

Authorization to Construct by: William O. Johnson date 2/26/03 Existing System Inspection by: ____ date ____

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