IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093803 PIN# 4769851155 DATE 2/13/01

OWNER OR CONTRACTOR Arita Bunt PHONE: ~~Business~~ (704) 546-7605 ← Home

ADDRESS 116 Tabor Rd. Turnersburg NC 28688

LOCATION Hwy 21 North, (L) on Tabor, (R) at 116 Tabor Rd

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 10.0 Acres SITE CLASS P5 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 3-26-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267
No Lines 3 Trench Width 36" Max Trench Bottom Depth (30") Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 1
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

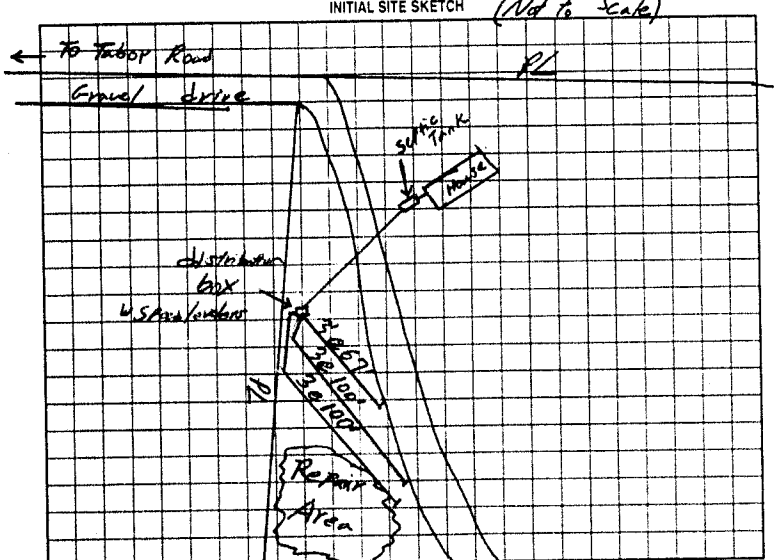
Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: (1) Do not install under cut (2) Install on contour (3) Supply line under driveway must have minimum 30" cover installed in ductile iron or equivalent (4) Keep 10' from property lines

or

Comments/Conditions:
- Polylok Filter Installed
- Septic Tank marked

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

Installed as per Initial Site 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: Bill Horan Clayton Homes date 2/22/01 Installed by: A-1 Back hoe

Improvement Permit by: William C. Johnson RSI date 2/13/01 Operation Permit by: William C. Johnson date 6/1/01

Authorization to Construct by: William C. Johnson RSI date 2/13/01 Existing System inspection by: ____ date ____

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