See attached Permit #166410 for detached garage addition 5-4-11.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281

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

ERMIT# 100394 PIN# 4771 18 1176 DATE 8/22/01

)WNER OR CONTRACTOR Charles R. Walters Jr. PHONE: Business _____ Home 664-7579

ADDRESS 111 Kelly Pt. Ln. Mooresville NC 28117

.OCATION 70 E, R Trippletf, R Hemlock 1/2 mile on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 80.64 AC. SITE CLASS. PS DESIGN FLOW 270 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 825 Date 1-17-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 @ 90' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 1

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

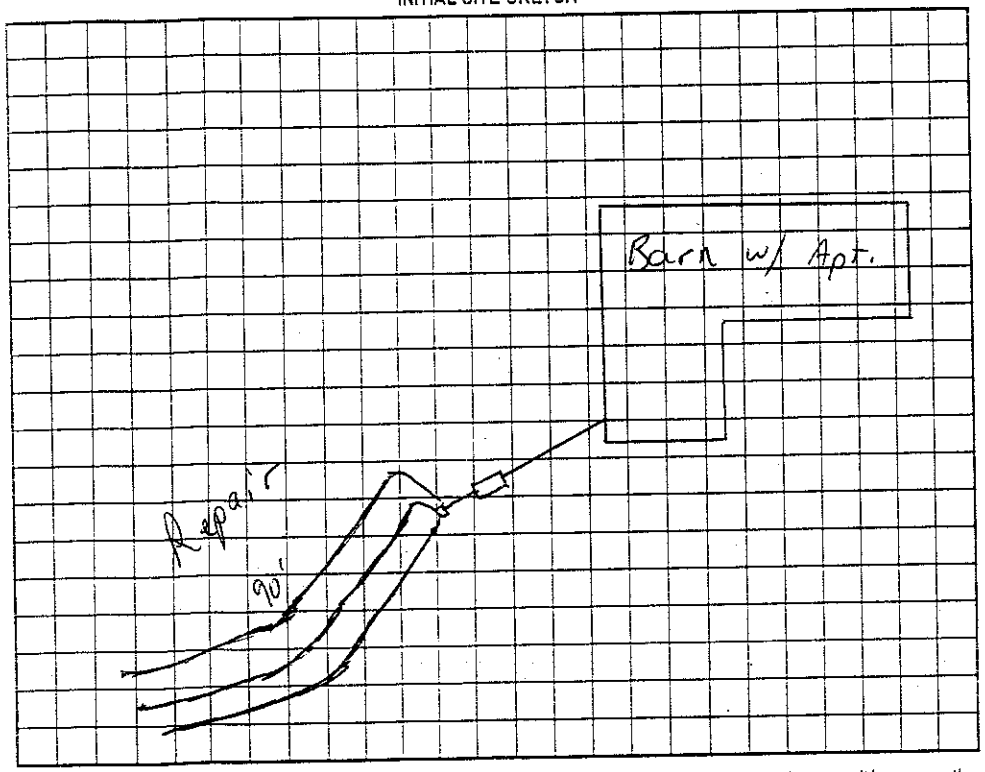
☒ Other Barn

Water Supply: ☒ Individual ☐ Public ☐ Community

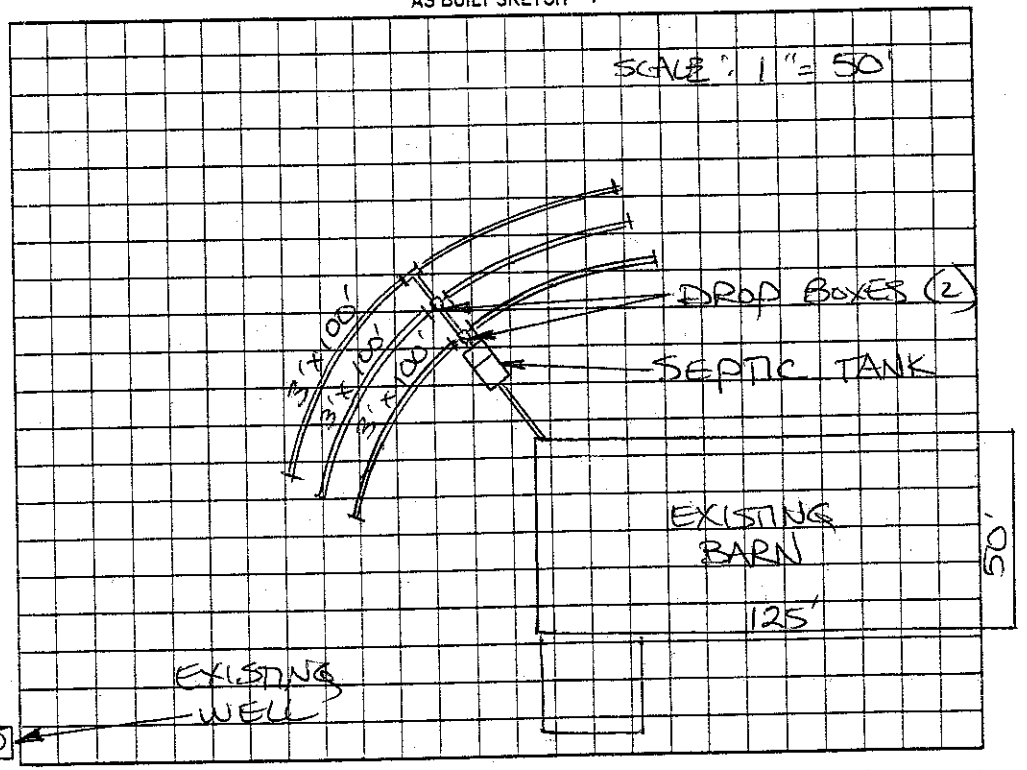
Comments:/Conditions:

Comments:/Conditions: ① SYSTEM ALTERED AS SHOWN WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL. ② CHROMA 2 MOTTLES NOTED IN SOIL DURING FINAL INSPECTION ③ SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: Charles R Walters date 8-23-01 Installed by: JST ENTERPRISE

Improvement Permit by: RSE date 8/22/01 Operation Permit by: STEVE HEDRICK date 3-26-04

Authorization to Construct by: RSE date 8/22/01 Existing System Inspection by: _____ date _____

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