IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083472 PIN# 4773882657 (pt.) DATE April 28, 00

OWNER OR CONTRACTOR Aaron Development PHONE: Business 924-4996 Home

ADDRESS P.O. Box 5671 Statesville

LOCATION 70 East TR Kuhn Farm Rd. TR Clove at end on left

SUBDIVISION Crestfield BLOCK / SECTION 3 LOT 28 LOT AREA .549ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons: STB 794 Date 5-15-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative - 25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

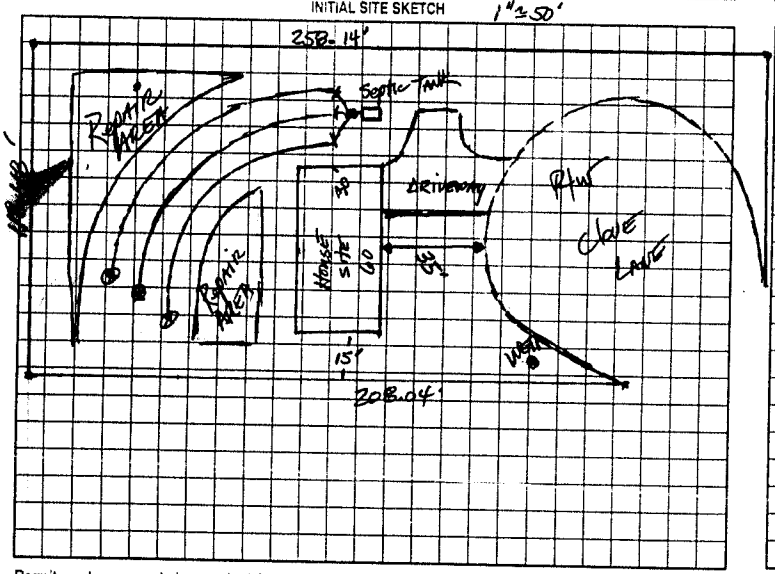
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ONE Inspection Port per Lateral; Set Flush with finished grade.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed as shown

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: Michael White date 5/15/00

Improvement Permit by: Mark R. Hartman, RS date 4-28-00

Authorization to Construct by: [signature] date 6-6-2000

Installed by: Craig Thompson

Operation Permit by: [signature] RS date 6-2000

Existing System Inspection by: date

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