IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76314 PIN# 4775 10 0706 DATE 9-14-98

OWNER OR CONTRACTOR Walter Ross PHONE: Business _____ Home 872 4819

ADDRESS 345 S Tara Dr.

LOCATION Hwy 64 E TR New Salem Dr. TR Verna Dr. TL at Jct 500' left

SUBDIVISION Campbell Glenn BLOCK / SECTION _____ LOT 26 LOT AREA 150' x 230' SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .32

Septic Tank: 1000 Gallons; STB 1012 Date 3-23-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 390 Linear Feet 1170
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: " 259e Rel
Maintenance Agreement Required: ☐ Yes ☑ No

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

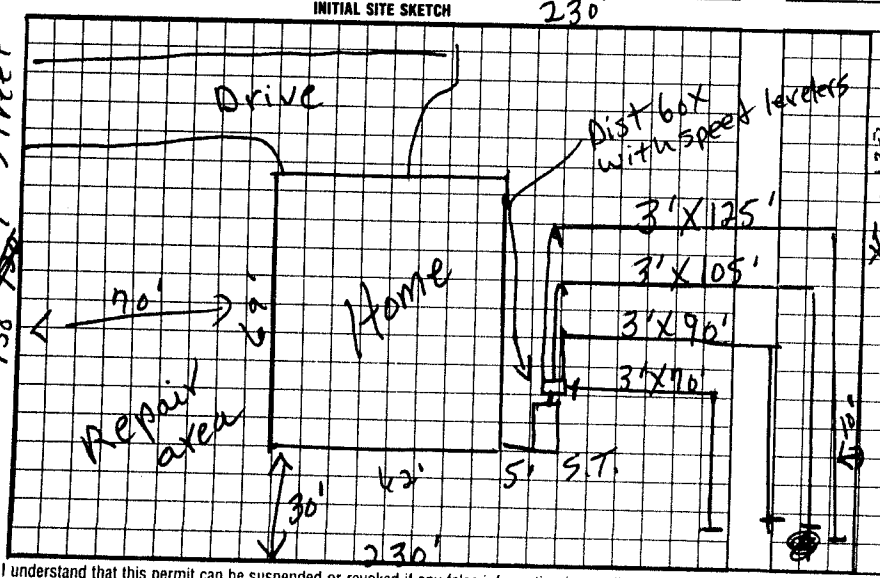
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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Note Property Line Changed due to power line

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

I understand that this 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: x Walter R. Ross date _____ Installed by: David Yountz

Improvement Permit by: E.C. Moore date 9-14-98 Operation Permit by: _____ date 5-10-99

Authorization to Construct by: E.C. Moore date 9-14-98 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD