IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93796 PIN# 4777 58 1916 DATE 1/18/01

OWNER OR CONTRACTOR David B. Jordan PHONE: Business 838-0028 Home

ADDRESS 304 N. Center St. Statesville NC 28677

LOCATION Old Mocksville, R White Oak Branch, on Rt

SUBDIVISION BLOCK / SECTION LOT 2+3 LOT AREA 2.2 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. C. 3

Septic Tank: 1000 Gallons: STB 794 Date 12-22-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Pump Conventional
Maintenance Agreement Required: [ ] Yes [X] No

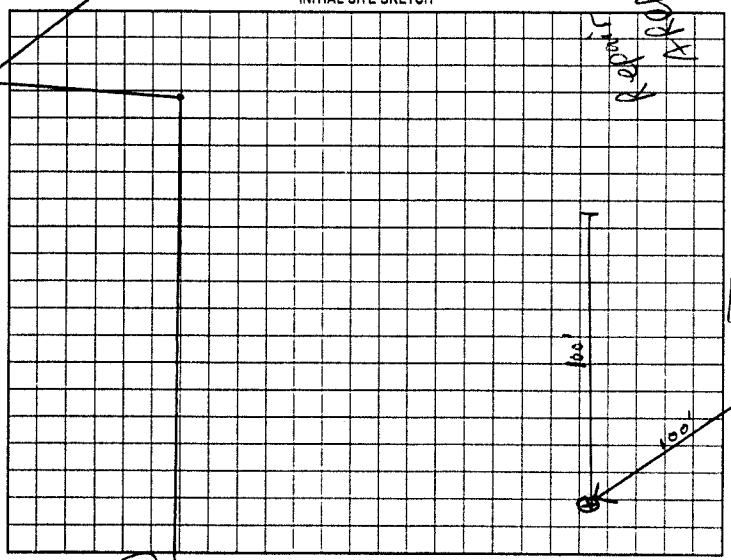
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other
Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

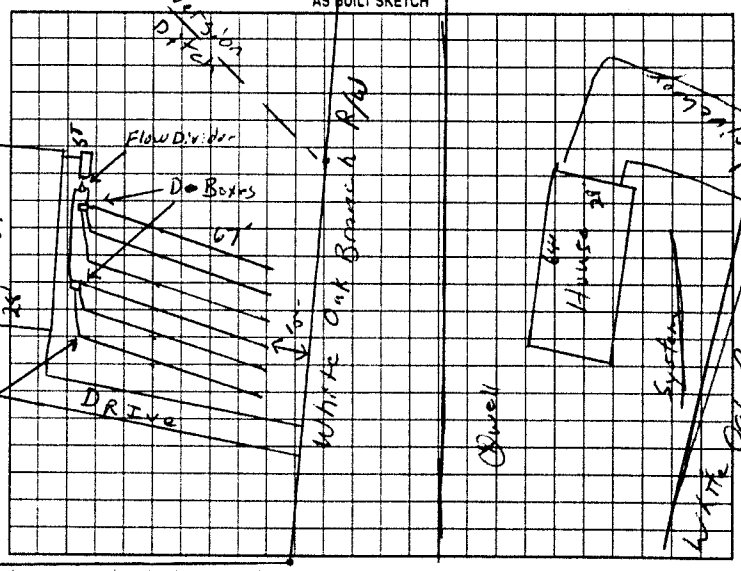
Comments:/Conditions:

Comments:/Conditions Tuff-Tite Filter Installed, Septic Tank Marker Installed, Installed as designed except drive on upper side of property

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: Donna J. Park date 1/22/01 Installed by: Craig Thompson

Improvement Permit by: RSI date 1/18/01 Operation Permit by: William G. Johnson RSI date 1/31/01

Authorization to Construct by: RSI date 1/18/01 Existing System Inspection by: date

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