10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91571 PIN# 4717973224 DATE 9/1/00

OWNER OR CONTRACTOR Rebbecca Lou Matney PHONE: Business _____ Home (704) 872-6692

ADDRESS 351 Deer chase Circle Statesville NC 28625

LOCATION Old Mocksville Rd, TR White Oak Branch, TL Deerchase bear RT at fork behind #355

SUBDIVISION Deer Park BLOCK / SECTION — LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 6/13/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity 25% Red. Same
Repair System Description: _____
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

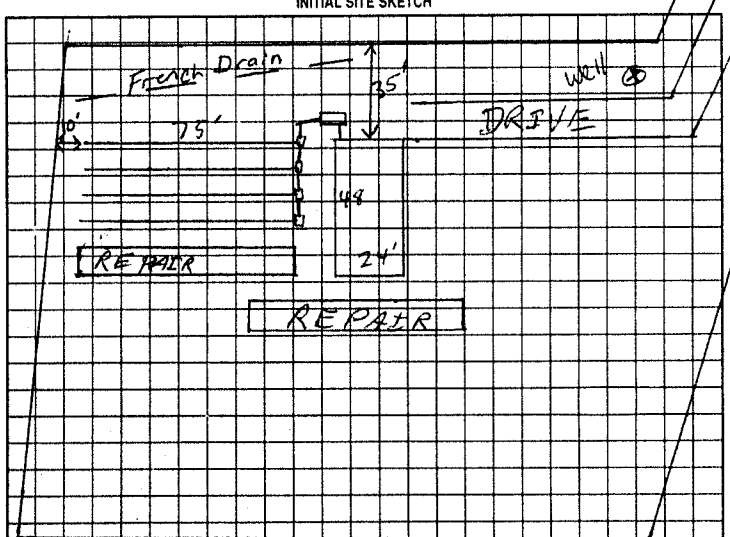
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

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

Comments/Conditions: French Drain must be installed

Comments/Conditions: Line + tank check 9/13/00 KM

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: Rebbecca Lou Matney date 9-1-00 Installed by: Craig Thompson Grading

Improvement Permit by: RSI date 9/1/00 Operation Permit by: RSI date 9/14/00

Authorization to Construct by: RSI date 9/1/00 Existing System Inspection by: _____ date _____

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