IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083188 PIN# 4778 07 6433 DATE 8-24-99

OWNER OR CONTRACTOR AMERICAN LAND PHONE: Business 878-9595 Home

ADDRESS 1281 GARNER BAGNAL BLVD, STATESVILLE, N.C. 28677

LOCATION US 21 N, TR CHIEF THOMAS ROAD, TR HARMONY BLVD, 13TH LOT ON RIGHT

SUBDIVISION EASTON ACRES BLOCK / SECTION II LOT 13 LOT AREA 1.63 ACRES SITE CLASS PS1 DESIGN FLOW 360 L.T.A.R. 0.30 apd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 6-22-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

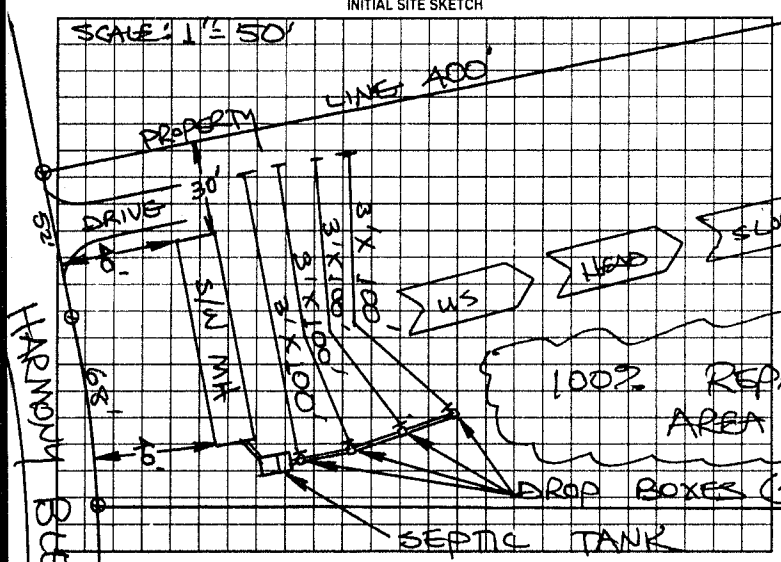
Water Supply: ☑ Individual ☐ Public ☐ Community

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

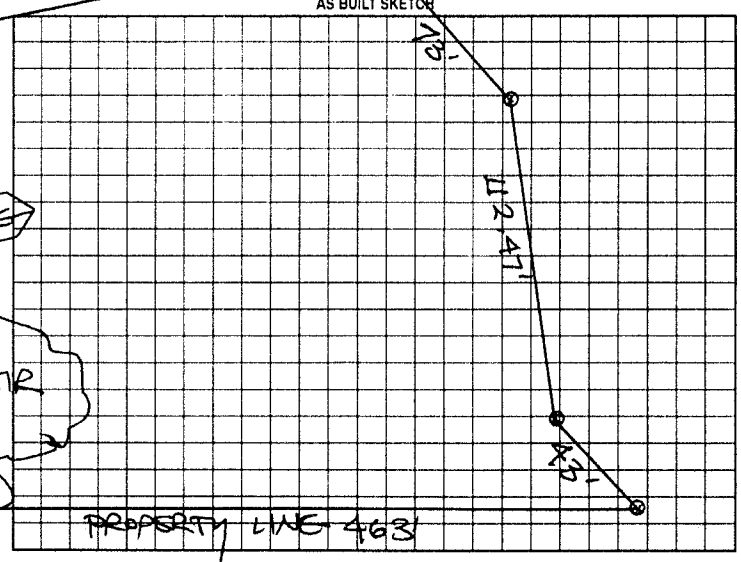
Comments/Conditions: KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL NOT LESS THAN 50'

Comments/Conditions: Installed as shown

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: Sherri McKee - Issuer date 8-26-99 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 8-24-99 Operation Permit by: [illegible] date 8-31-99

Authorization to Construct by: STEVE HEDRICK date 8-24-99 Existing System Inspection by: ____ date ____

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