See attached permit #166399 for out building addition.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123439 PIN# 4797-28-2110 DATE 11/19/04

OWNER OR CONTRACTOR DANNY GARRIS PHONE: Business (704) 677-4947 Home (704) 876-1390

ADDRESS 337 JENNINGS RD. STATESVILLE NC 28625

LOCATION I-40E TO EXIT 162 TL US 64 E TL BATTLE TL GARDEN VALLEY PROPERTY ON RIGHT

SUBDIVISION SADDLEBROOK BLOCK / SECTION ____ LOT 3 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/Ft²

Septic Tank: 1000 Gallons; STB 620 Date 8-13-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: LP PANEL 50% RED
Maintenance Agreement Required: ☐ Yes ☑ No

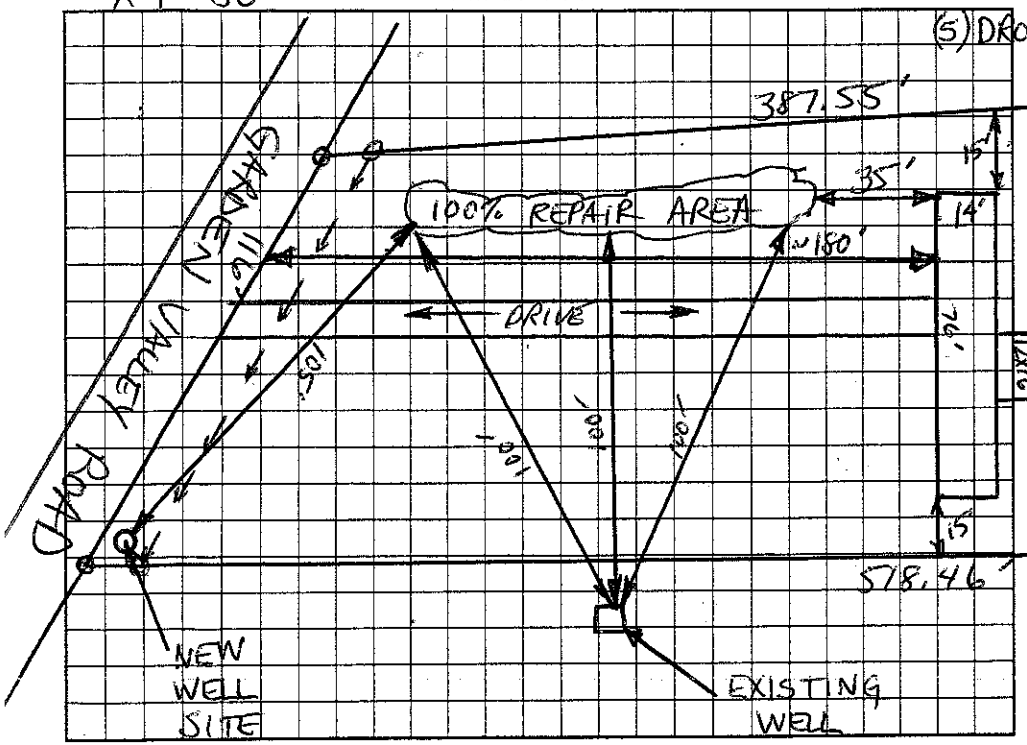
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

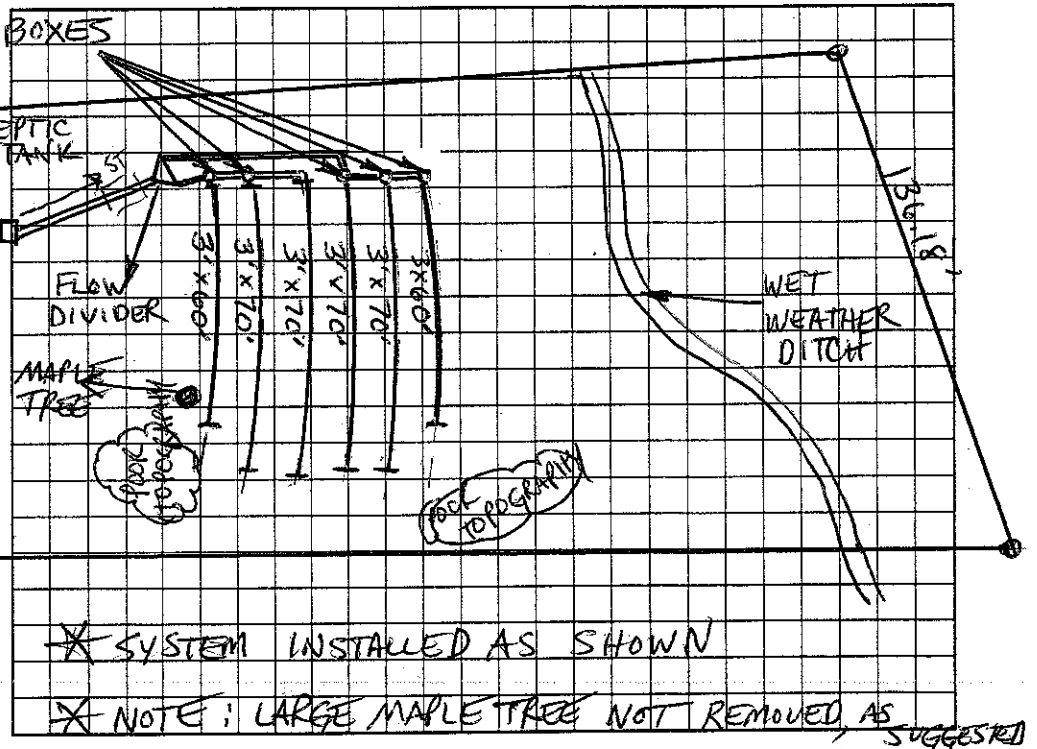
Comments/Conditions: (1) INSTALL LINES 24" ON CONTOUR (2) MAINTAIN SETBACKS (3) SMOOTH OUT ROUGH TOPOGRAPHY (4) NO BUILDING OVER SEPTIC AREA

Comments/Conditions: (1) YELLOW TUFF-TITE FILTER W/ 6" RISERS & LIDS (2) #5 STONE USED IN DRAINFIELD

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: ____ date ____

Improvement Permit by: Christopher M. Shuler, PS date 11-19-04

Authorization to Construct by: Christopher M. Shuler, PS date 11-19-04

Installed by: SAMMY REAVIS

Operation Permit by: Christopher M. Shuler, PS, CSS date 1-13-05

Existing System Inspection by: ____ date ____

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