IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095185 PIN# 4810 52 3479 DATE 4/16/01

OWNER OR CONTRACTOR BRYAN ERVIN PHONE: Business _____ Home _____

ADDRESS 326 PROSPECT ROAD, STATESVILLE, NC 28625

LOCATION 115 N, (L) DAMASCUS CH. RD. 1/4 mi (R) MASON LN. ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.11 AC. SITE CLASS. BS DESIGN FLOW 240 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 12-19-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 720' Linear Feet 240'
No Lines 3 Trench Width 3' Max Trench Bottom Depth 36' Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL
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Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

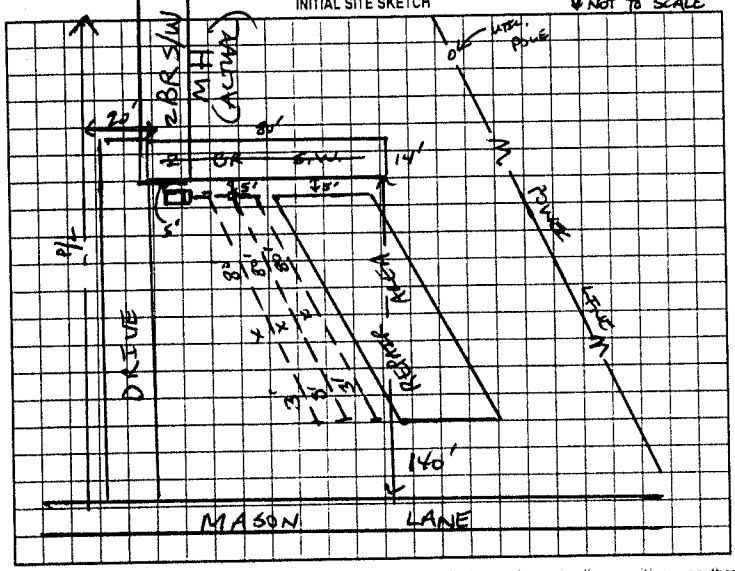
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
STAKED

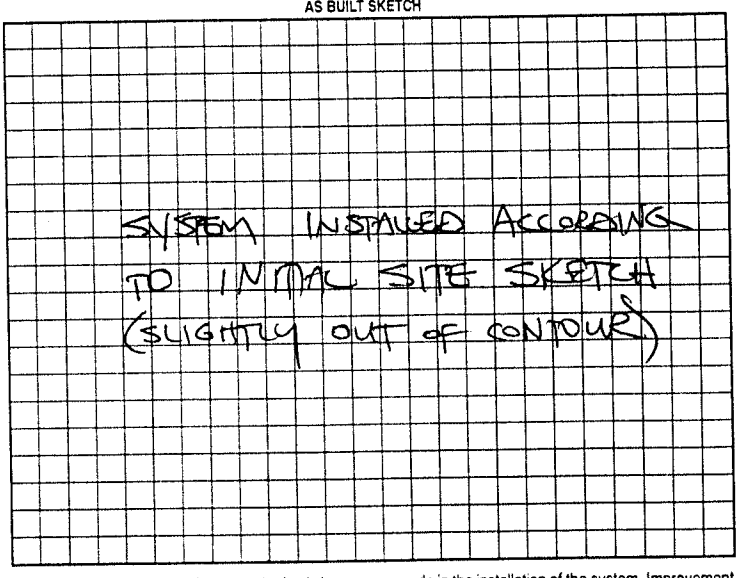
Comments/Conditions: (1) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (2) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (3) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (4) MAINTAIN NOTED SETBACKS

Comments/Conditions: 4/30/01 - TURNING HOUSE PARALLEL TO P/L, NOT CHANGING DRAINFIELD (I.S.)
* SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH ↓ NOT TO SCALE



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 Bryan Ervin date 4/16/01
Improvement Permit by: Tracy Shinn date 4/16/01
Authorization to Construct by: Tracy Shinn date 4/16/01

Installed by: BRENT GALLIHER
Operation Permit by: STEVE HERRICK date 5-15-01
Existing System Inspection by: _____ date _____

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