IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11527G PIN# ~~4810-83-4210.004~~ 4810-83-0149 DATE 9/12/03

OWNER OR CONTRACTOR Dwight Dowell / Earle D. Richard HOME: Business — Home (704) 876-0660

ADDRESS 4328 3 Wilkesboro Hwy Statesville NC 28625

LOCATION Hwy 115 N. past Phil Reinhardt Store on left @ corner of Ernest Road

SUBDIVISION — BLOCK / SECTION — LOT 1 LOT AREA ~0.80 Acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .25 gpd/ft²

Septic Tank: 4000 Gallons; STB 1012 Date 3-4-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth _____

☒ New System ☐ Repair System Type: I ☒ III, IV, V, VI

System Description: Gravity / Conventional

Repair System Description: Gravity / Shallow 25% Red

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

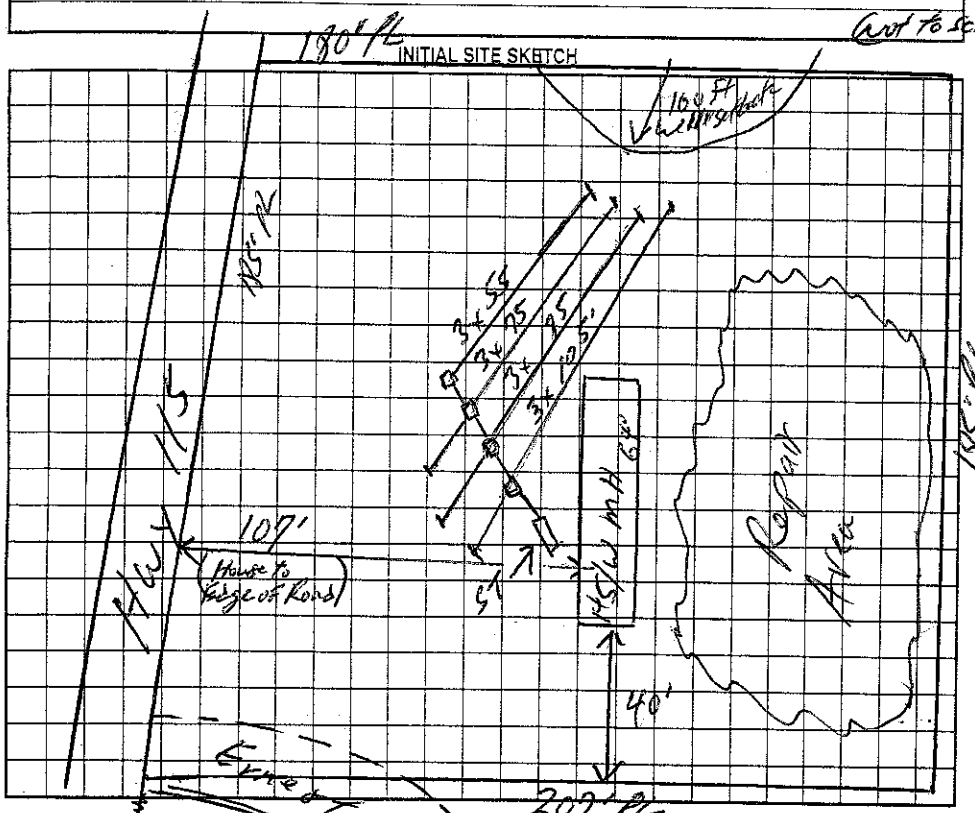
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

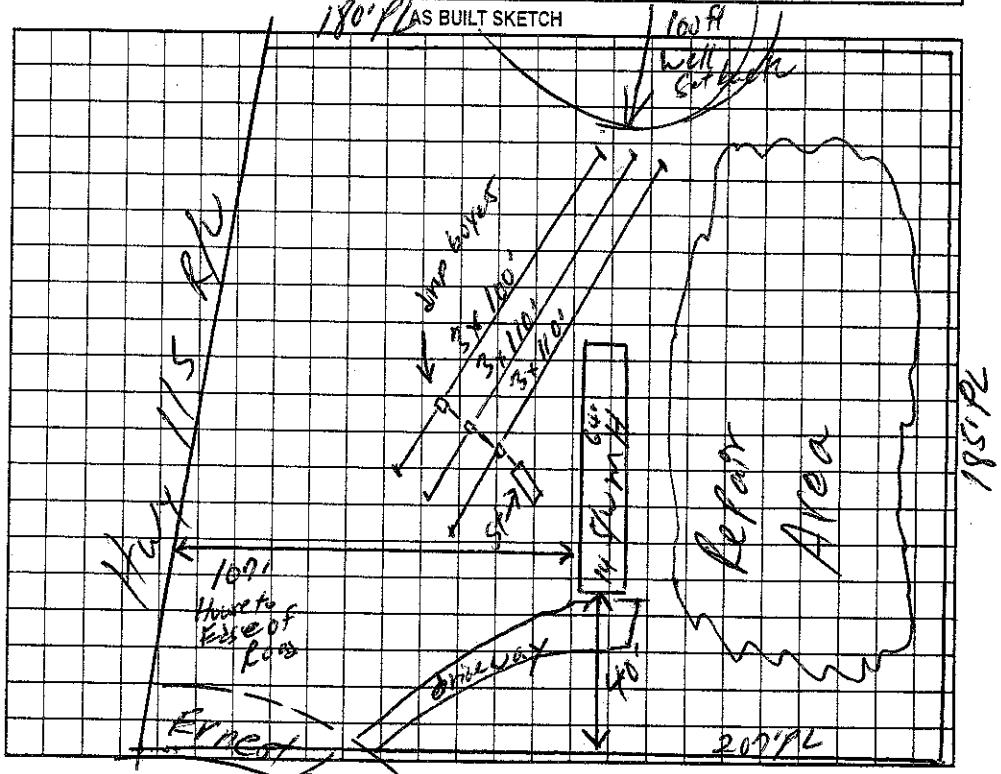
Comments:/Conditions: ① Install lines on contour ② maintain proper set backs

Comments:/Conditions: — Tuf-Tite Filter + ST marker Installed

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: Dwight Dowell date 9-12-03

Improvement Permit by: William O. Johnson date 9/12/03

Authorization to Construct by: William O. Johnson date 9/12/03

Installed by: A-1 Back hoe

Operation Permit by: William O. Johnson date 9/17/03

Existing System Inspection by: _____ date _____

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