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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141925 PIN# 4814934105 DATE 5-31-07

OWNER OR APPLICANT Tom & Joan McGinnis PHONE: Business 704 425 6490 Home 704 896 9064

ADDRESS 6373 Wilkesboro Hwy

LOCATION N on 115, on left next to pond

SUBDIVISION n/a BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 if necessary Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☒ Expansion System Type: (I) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth _____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Suppiy: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Replumb existing plumbing into new system

Comments:/Conditions:

INITIAL SITE SKETCH

See attached diagram

AS BUILT SKETCH

The proposed 30'x30' BLD & 30'x12' LEAN TO addition does not appear to impact the existing septic system.

**NOTE: "Existing" system not inspected

R.S.

Date: 6-15-07

ICHD-Environmental Health Division

Installed as Drawn on Layout

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: Joan Saint McGinnis date 5-31-07

Improvement Permit by: _____ date 5-31-07

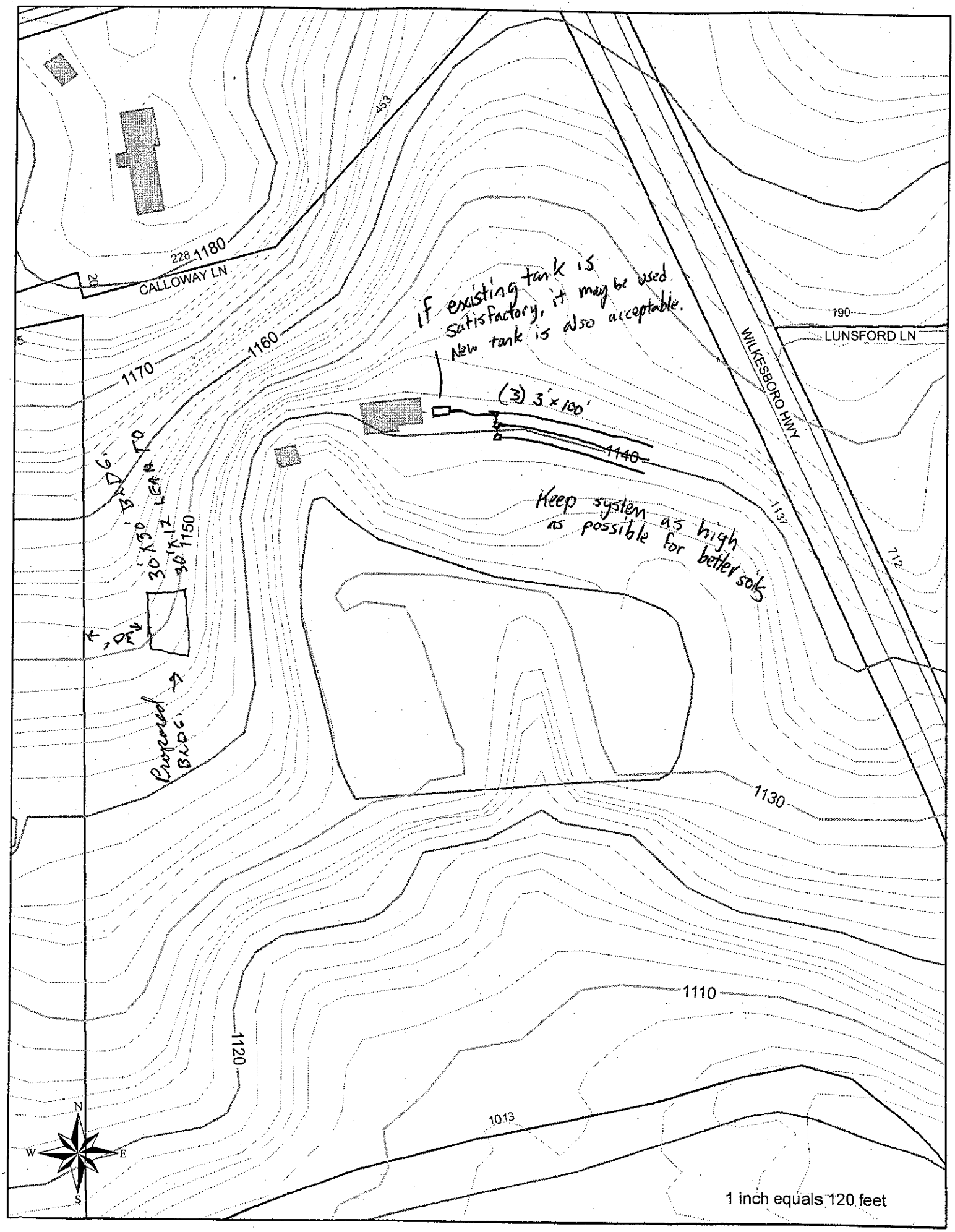
Authorization to Construct by: _____ date 5-31-07

Installed by: Mike Kidd

Operation Permit by: _____, R.S. date 4 December 07

Existing System Inspection by: _____ date _____

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


CALLOWAY LN
228
1180
1160
1170
1150
1140
1130
1120
1110
1013
453
190
LUNSFORD LN
WILKESBORO HWY
1137
712
IF existing tank is satisfactory, it may be used. New tank is also acceptable.
(3) 3' x 100'
Keep system as high as possible for better soils
30' x 30' LEA
Proposed Bldg
N
S
E
W
1 inch equals 120 feet