This Permit Voids permit issued 9-29-05 CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130170 PIN# 482132653 734 DATE 8-17-06

OWNER OR APPLICANT Brenda Harris PHONE: Business 704-876-4967 Home

ADDRESS 4861 Wilkesboro Hwy

LOCATION 115 N - Isaac 1st (R) at end of rd

SUBDIVISION n/a BLOCK / SECTION n/a LOT PS LOT AREA >4 acres SITE CLASS: 9 PS DESIGN FLOW 360 L.T.A.R. .2

Septic Tank: 1000 Gallons: STB 791 Date 5-22-06

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 36"

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

System Description: 25% Reduction Gravity

Repair System Description: Pump 25%

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Persons No. Employees

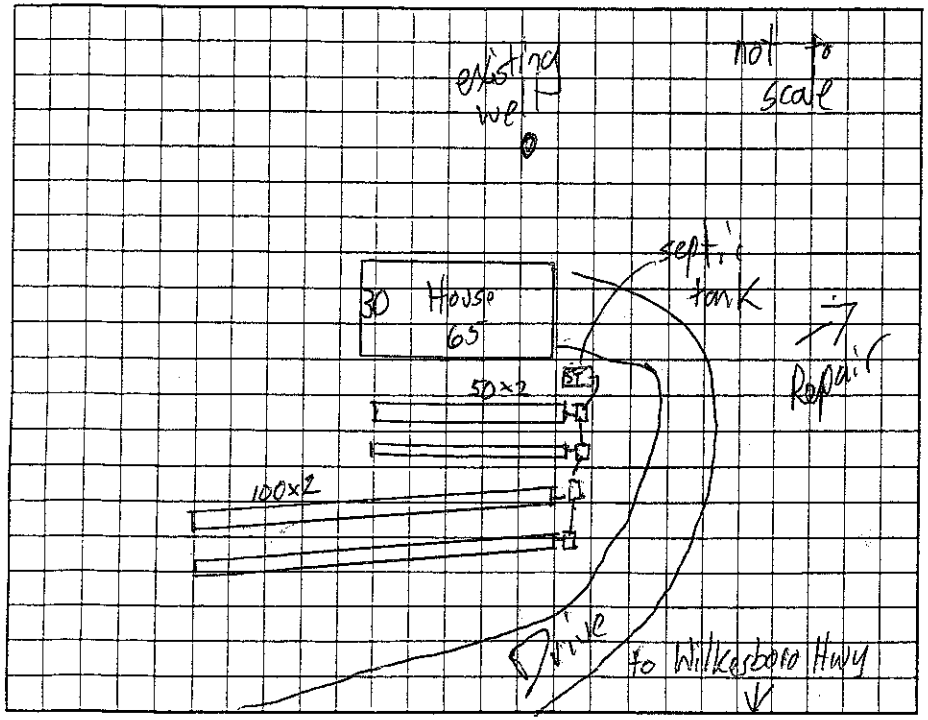
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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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: Lisa Williams date 9-7-06

Improvement Permit by: James Owens date 8-22-06

Authorization to Construct by: James Owens date 8-22-06

Installed by: Kenny Madison

Operation Permit by: date 11-15-06

Existing System Inspection by: date

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