IREDELL COUNTY HEALTH DEPARTMENT

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

CI 7-28-03 160

(CV) **IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION**

PERMIT# 107197 PIN# ~~4823-11-9628.14~~ 4823-21-2725 DATE 7/26/02

OWNER OR CONTRACTOR RURAL AFFORDABLE PHONE: Business 924-8942 Home

ADDRESS 1321 C DIXIE DRIVE - STATESVILLE - NC 28677

LOCATION 115 (N) - TR WESTGLOW - TR KAMMERER - AT END

SUBDIVISION WESTGLOW BLOCK / SECTION LOT 14 LOT AREA 1.71AC SITE CLASS RS DESIGN FLOW 360GPD L.T.A.R. .30APD/FT

Septic Tank: 1000 Gallons; STB 160 Date 7-11-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY INNOVATIVE

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

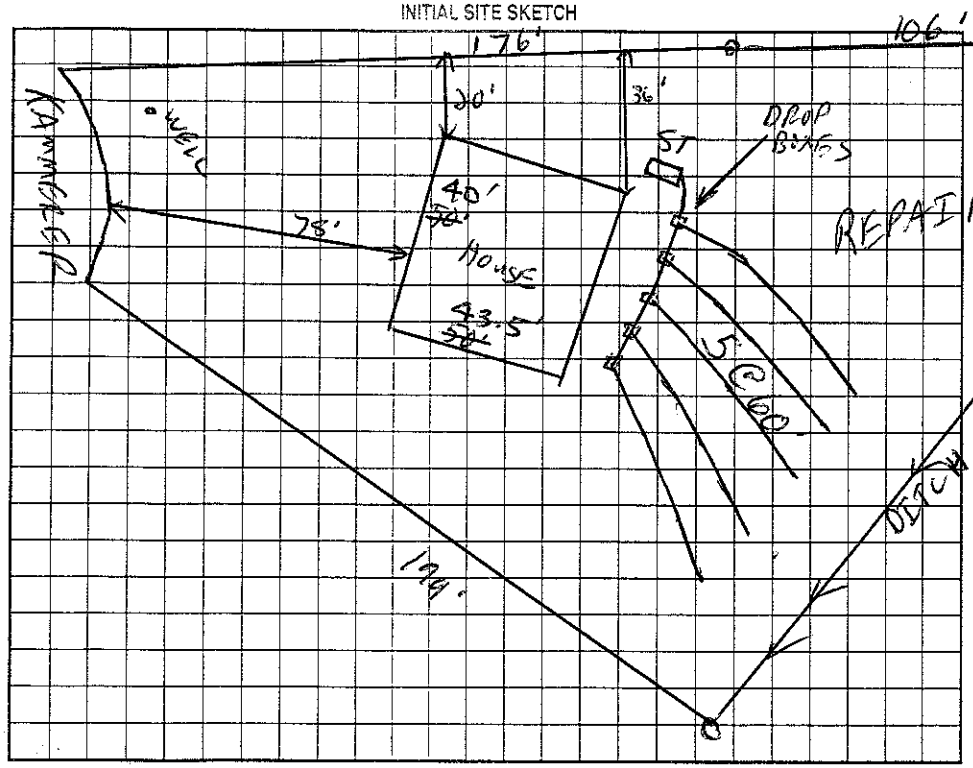
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Comments:/Conditions: LABEL FILTER & MARKER

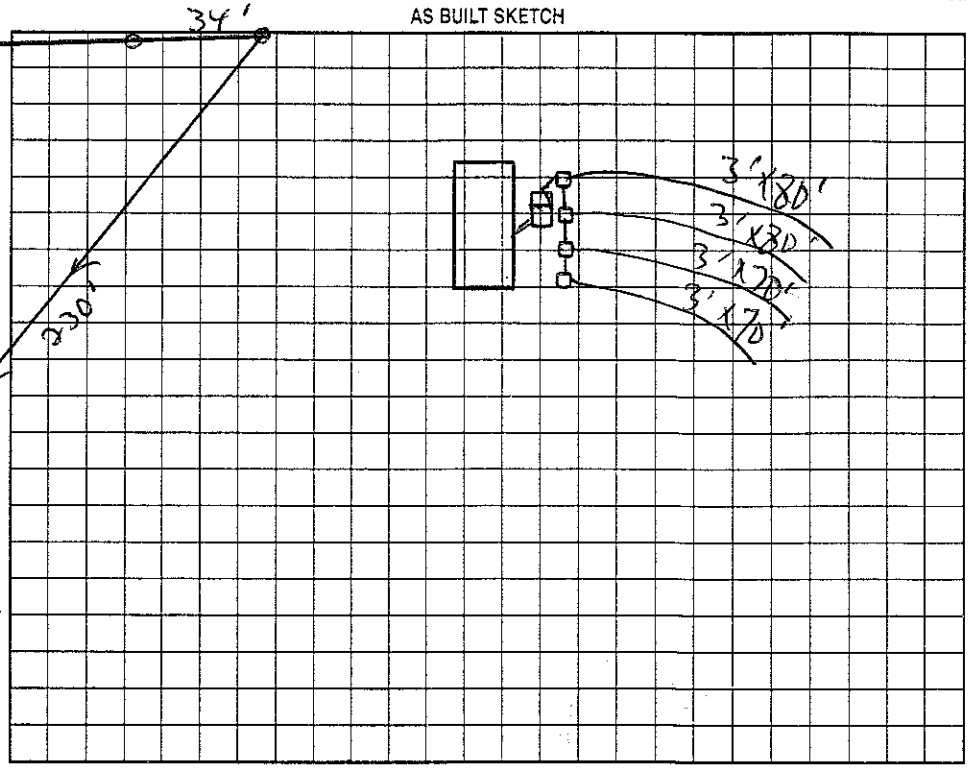
V'D 1ST LINE 9-2-03

V'D EVERYTHING ELSE 9-3-03

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 9/22/2 Installed by: DAVID VAN BARGEN

Improvement Permit by: C. [illegible] K S date 7/26/02 Operation Permit by: date 9-3-03

Authorization to Construct by: STEVE HEDRICK date 9-4-02 Existing System Inspection by: date

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