IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205604

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

PIN # 4830125974

APPLICANT: Rick Brewer APPLICANT ADDRESS: 256 Farmwood Dr Statesville NC

SITE ADDRESS: 654 N. Chipley Ford Rd Statesville NC PHONE: 704-902-3914 ALT. PHONE: 704-437-7076

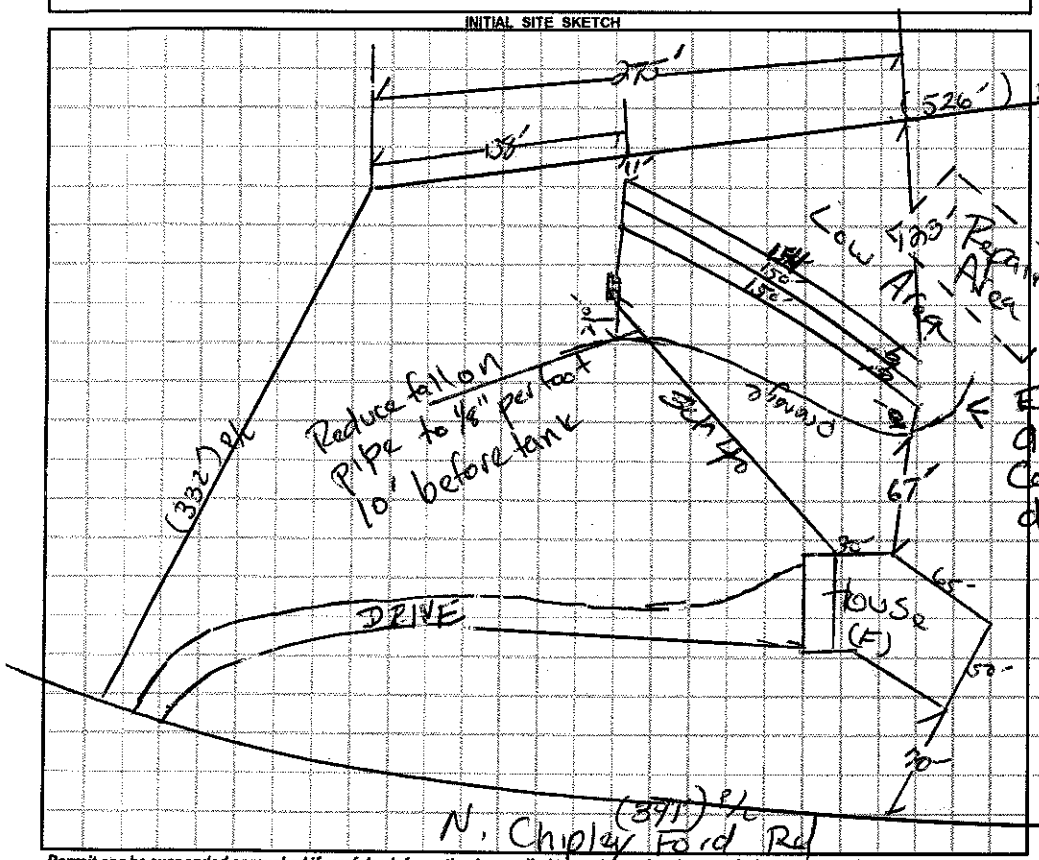
SITE DIRECTIONS: 115 N to Snow Creek Rd T/L on N Chipley Ford Rd Property on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 4.334ac DESIGN FLOW: 360 L.T.A.R.: 0.2

Septic Tank	1000 (gal)	STB 302-1275	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction	[ ] Business	No. Persons	6	[ ] Private
Pump Make	Model		Serial #	Repair System Description:	25% Reduction	[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1 # Lines	3	Linear Ft: 450	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	36" Max. Trench Bottom Depth	18" Low side	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing		[ ] Basement w/o plumbing	

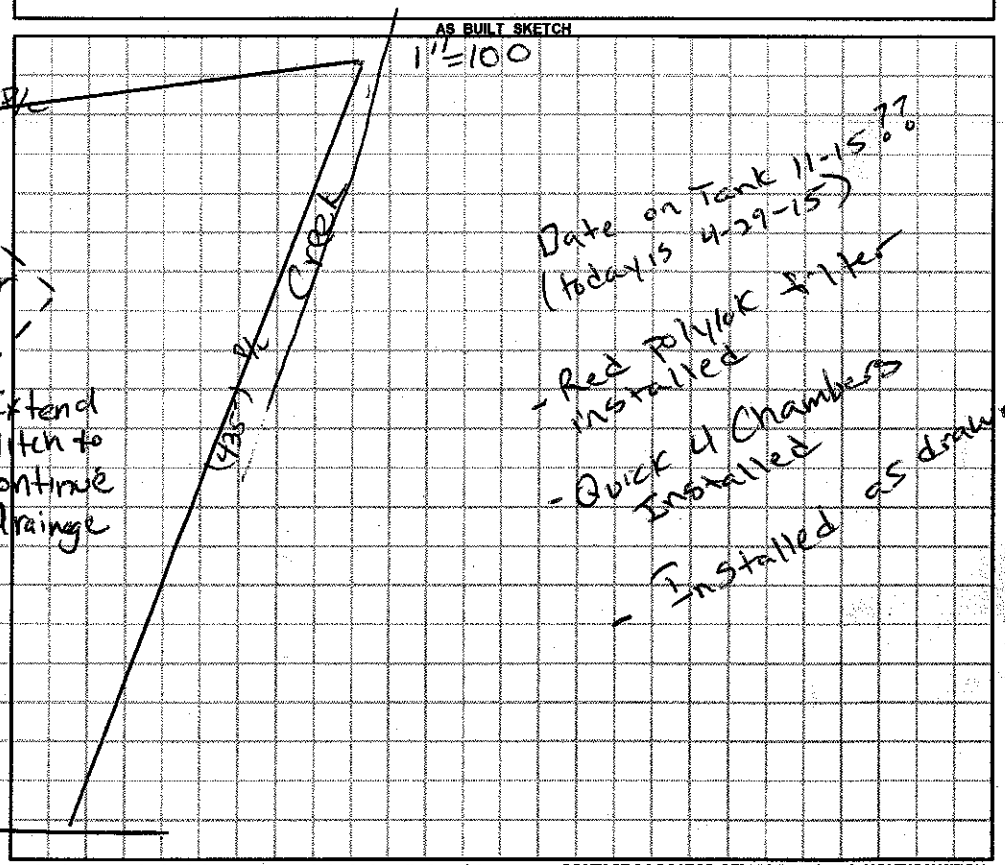
Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4-29-15 Installed by: A1 - Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 04/28/15 OPERATION PERMIT by: Justin Henderson Date: 6-3-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/28/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-29-15 (Date)

Owner: Rick Brewer
Address: 654 N. Chipley Ford
Statesville, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
205604 / Rick Brewer / 654 N. Chipley Ford Rd.

I, Rick B Brewer (print full name) voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12-11-14 (date) for a system

25% Reduction (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 KH PERMIT # 205604

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

PIN # 4830125974

APPLICANT: Rick Brewer APPLICANT ADDRESS: 250 Farmwood Dr Statesville NC

SITE ADDRESS: 654 N Chipley Ford Rd Statesville NC PHONE: 704-902-3914 ALT. PHONE: 704-437-7076

SITE DIRECTIONS: 115N to Snow Creek Rd T/R then T/L on N. Chipley Ford Rd property on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 4.334 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 304
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

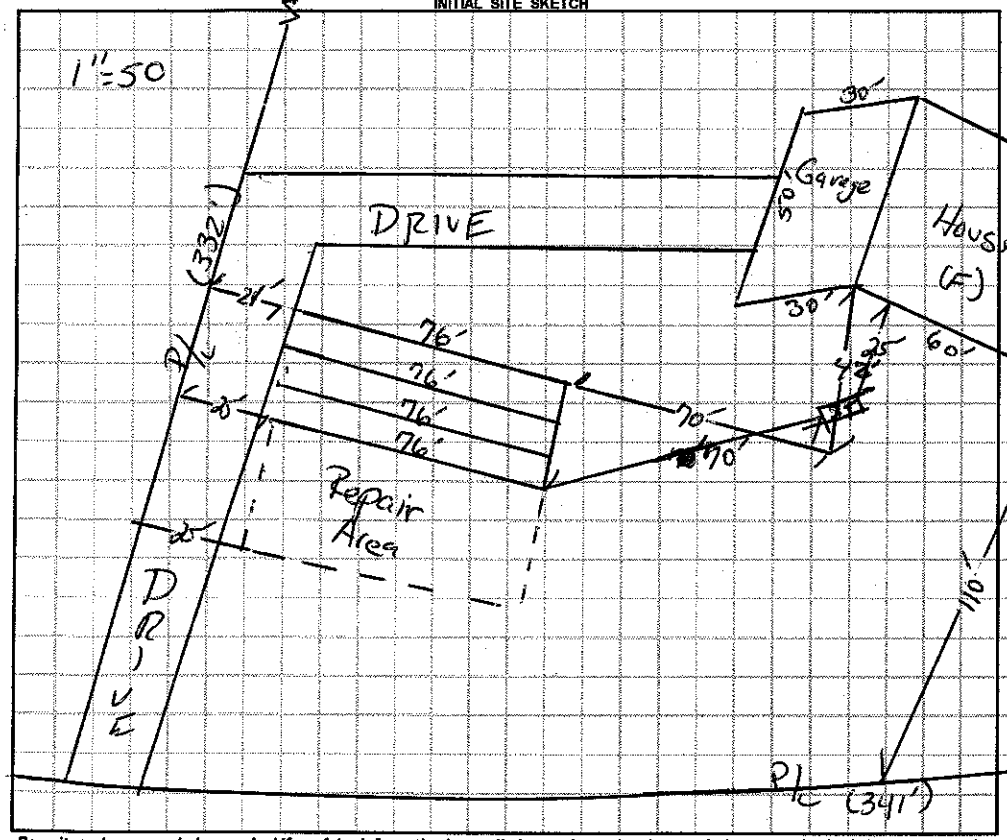
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[ ] Basement w/plumbing [X] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% on contour with a serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

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[ ] IMPROVEMENT PERMIT *with plat* valid without expiration. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Ben Brewer, Manager Date: 1/23/15 Installed by:

IMPROVEMENT PERMIT by: Date: 09/29/14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12/11/14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK