IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123775 PIN# 4852-22-1376 DATE 9-2-04

OWNER OR CONTRACTOR LEE BOGGS PHONE: Business (704) 873-2547 Home

ADDRESS 2026 NORTHSIDE DR. STATESVILLE 28677

LOCATION I-77N EXIT65 TL 901 TL PIONEER RD TL SLOANS MILL RD TR FLATE ROAM DR HOME ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.05 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R.

Septic Tank: EXIST Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3 EX. Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: CONVENTIONAL GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

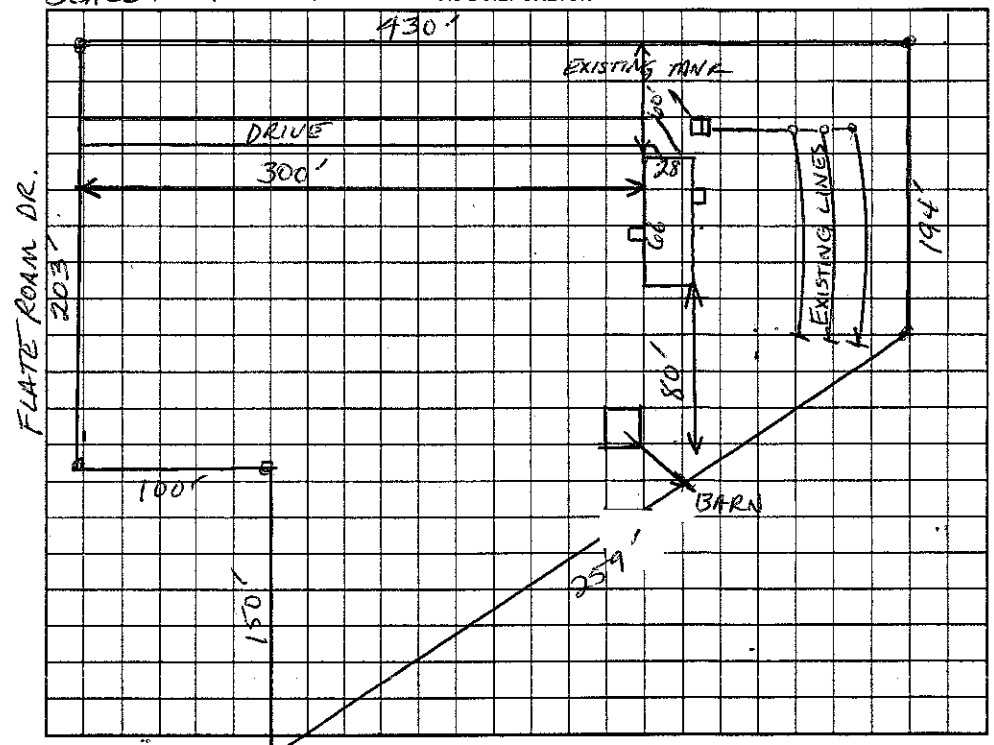
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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1. System functioning properly at time of inspection
2. Permission to connect new structure to existing system
3. New structure shall not increase # of bedrooms on system
4. Visual inspection only. No guarantee problems won't occur in future

INITIAL SITE SKETCH

AS BUILT SKETCH SCALE 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. 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: Lee Boggs date 9/2/04

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Christopher M. Shinn date 9-2-04

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