IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93051 PIN# 4860 74 2322 PT DATE 11/29/00

OWNER OR CONTRACTOR Tony Little PHONE: Business _____ Home 881-0969

ADDRESS 169 Cedar Ridge Lp. Statesville NC 28625

LOCATION 21N, L Tabor Rd, R Forney Rd on R+

SUBDIVISION Forney Acres BLOCK / SECTION — LOT 20 LOT AREA 0.52 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 799 Date 3-2700
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 @ 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 13"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Stone
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

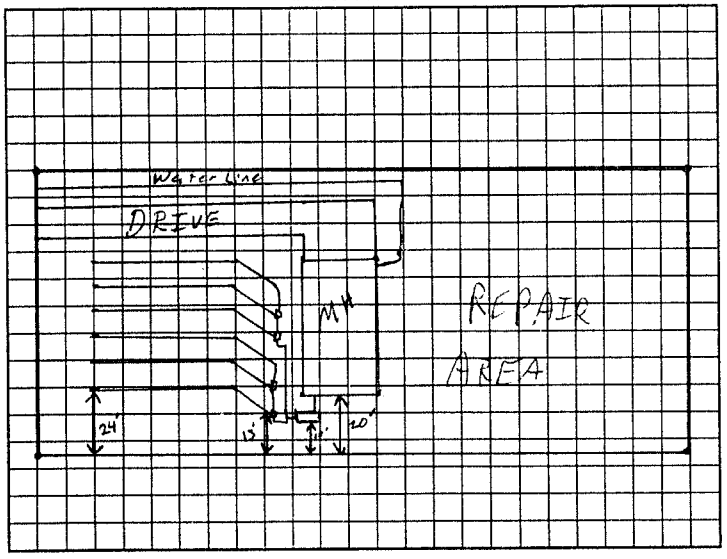
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

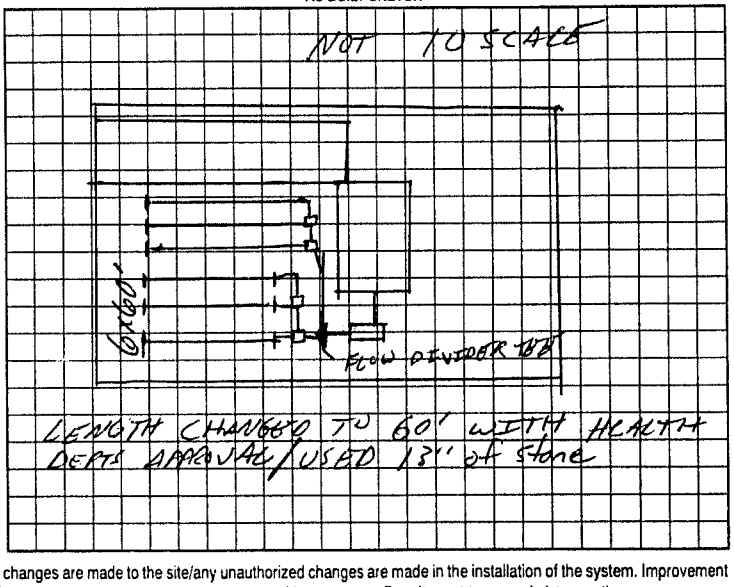
Comments:/Conditions:

Comments:/Conditions: INSTALLED USING POLYLOK FILTER WITH MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH



LENGTH CHANGED TO 60' WITH HEALTH DEPTS APPROVAL/USED 13' of stone

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: Tony R. Little date 11-30-00 Installed by: TUCKER BACKHOE SERVICE

Improvement Permit by: [signature] RSI date 11/29/00 Operation Permit by: [signature] RSI date 02-8-01

Authorization to Construct by: [signature] RSI date 11/29/00 Existing System Inspection by: _____ date _____

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