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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13564 | PIN# 3783-99-1550 | 704-880-6620 | DATE 06/06/2006

OWNER OR APPLICANT MOREFIELD BUILDERS INC. (JOHN) PHONE: Business 704-880-6603 Home 704-873-7885

ADDRESS 1516 MOCKSVILLE HWY STATESVILLE, NC

LOCATION I-40 WEST (R) SHARON SCHOOL RD, ~1 MILE + ON RIGHT,

SUBDIVISION SHARON TRACE BLOCK / SECTION ____ LOT 1 LOT AREA 0.53 Ac. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .030 GPD/Ft²

Septic Tank: 1,000 Gallons; STB TP 518 PD12 Date 5-7-07
Pump Tank: ____ Gallons; PT 1000 Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet EQ to 1,200 Linear Feet 300
No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY, 25% REDUCTION
Repair System Description: GRAV., 25% REDUC.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

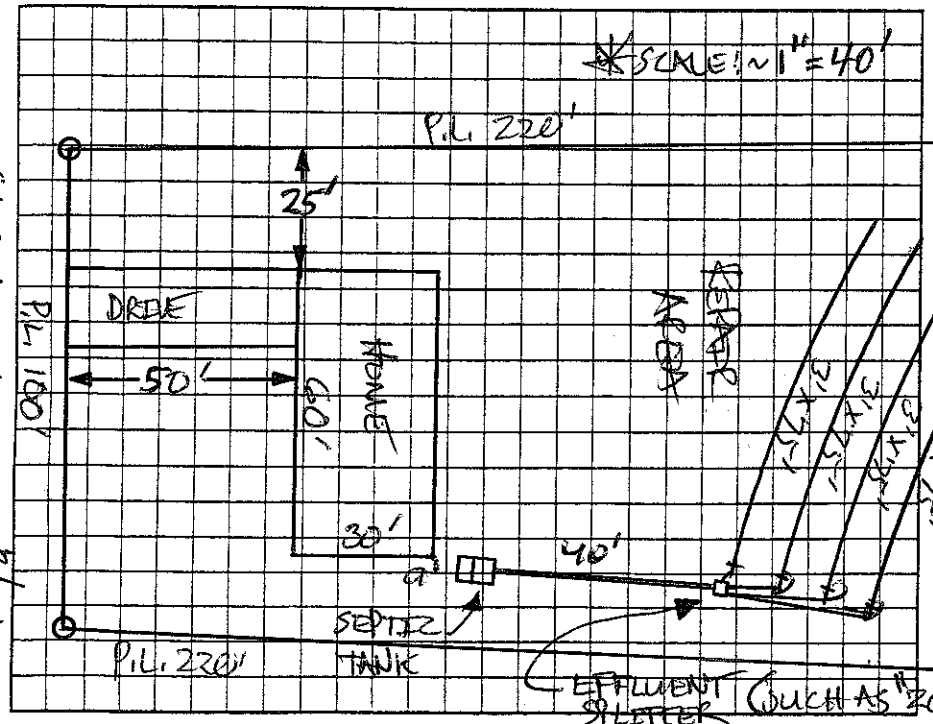
Water Supply: ☐ Individual ☒ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

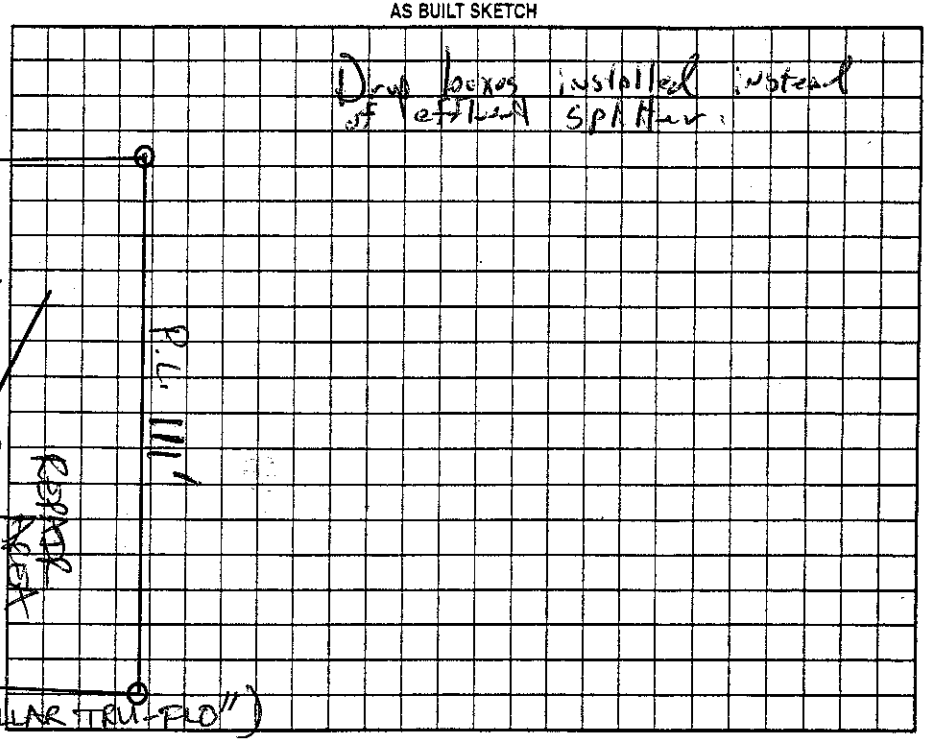
Comments/Conditions: (1) GRADE OFF & SMOOTH OUT OLD FIELD TERRACE BEFORE INSTALLING DRAINLINES.

Comments/Conditions: Mas mound / Tuff-Kit filter

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 06-12-06 Installed by: Steve JORDON

Improvement Permit by: ____ date 06/12/06 Operation Permit by: ____ R.S. date 22 Oct. 07

Authorization to Construct by: ____ R.S. date 4/11/07 Existing System Inspection by: ____ date ____

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