3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075071 PIN# 4624 99 8996 DATE 4/5/98

OWNER OR CONTRACTOR Earl Hiatt PHONE: Business _____ Home 895-1657

ADDRESS 181 Knollview Lane Mooresville, NC. 28115

LOCATION 1100 TL Yacht Rd. TL Yacht Cove Lane to last lot off cul de sac - 165 Yacht Cove Lane

SUBDIVISION Yacht Cove BLOCK / SECTION _____ LOT 16 LOT AREA 1.63Ac SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36

Septic Tank: 1250 Gallons; STB 194 Date 4-30-99

Pump Tank: 1250 Gallons; PT 27 Date 8-2-99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 666

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Presson — Conventional

Repair System Description: Presson - Ch Plastic

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 4 No. Employees _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

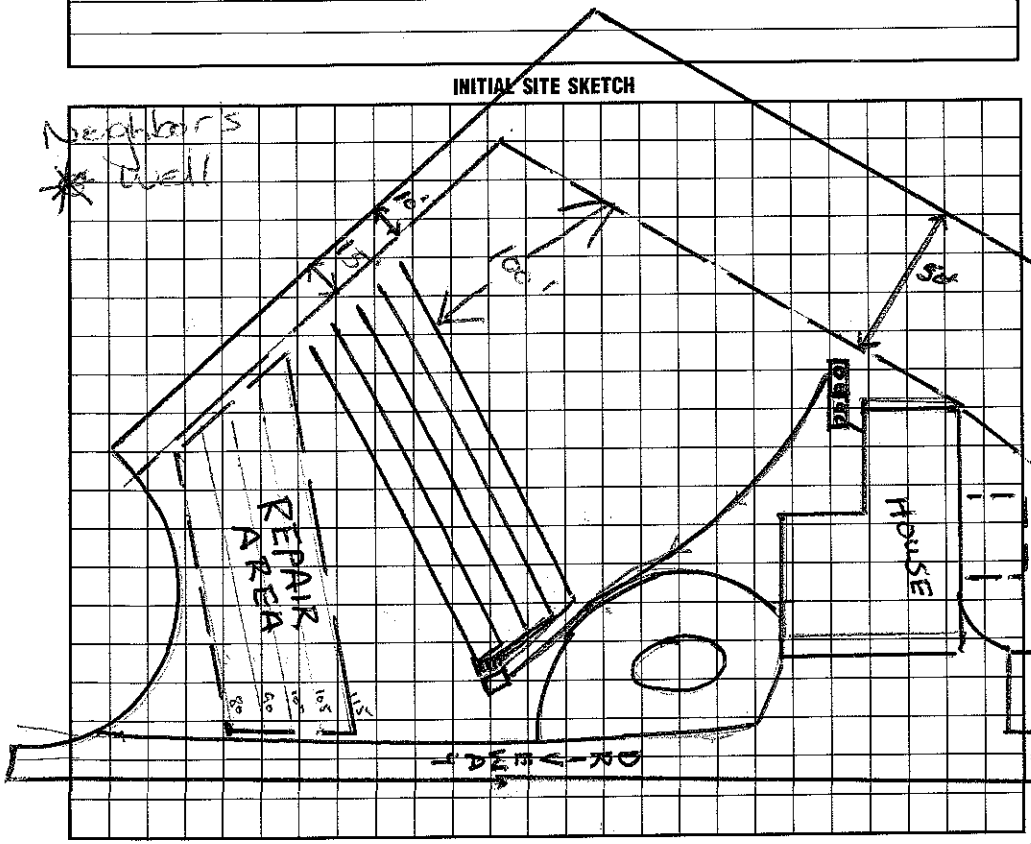
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

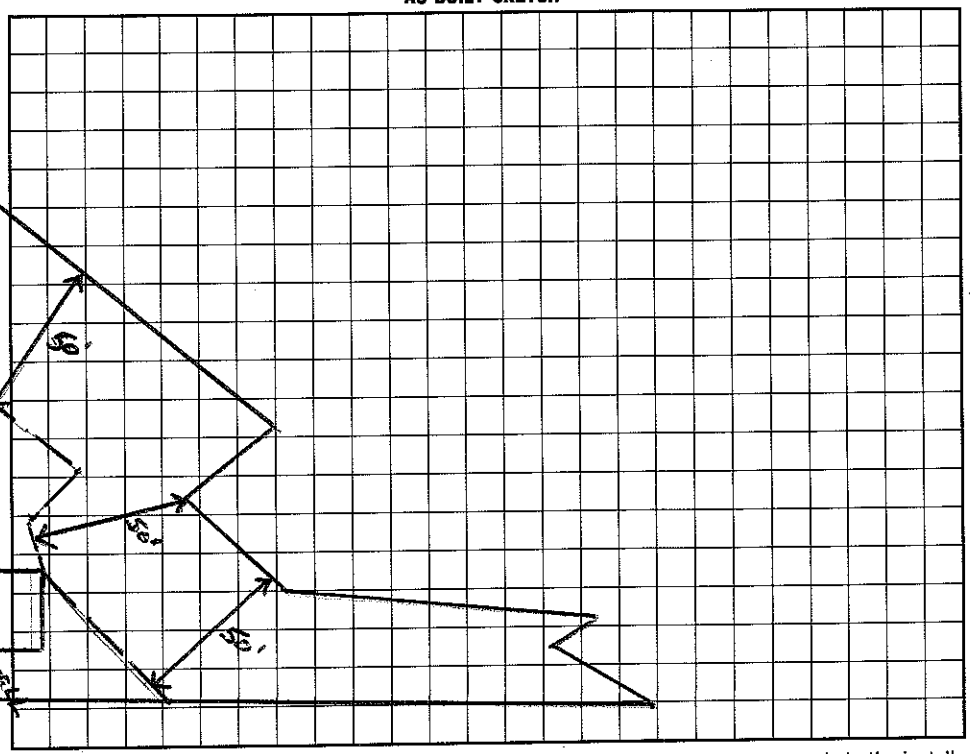
Comments:/Conditions: Tanks & lines Checked 9/24/99 MD

Need Elect, Alarm & pressure. Needs to be checked.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Sherrie Beam Reaction date 8-6-98

Improvement Permit by: Wesley Sparks R.S. date 8/5/98

Authorization to Construct by: Wesley Sparks R.S. date 8/5/98

Installed by: T W Ammons

Operation Permit by: Wesley Sparks R.S. date 12/20/99

Existing System Inspection by: _____ date _____

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