IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 9/27/02

PERMIT# 105232 PIN# 4625 08 3932

OWNER OR CONTRACTOR Mike Julian PHONE: Business _____ Home 704-309-2957

ADDRESS 140 Old Arborway Rd. Mooresville, NC. 28117

LOCATION 1100 TR Chuckwood TL Beaver Loop ~ 3/4 mile TL Old Arborway Lane (L) to first drive on R

SUBDIVISION C L + T BLOCK / SECTION 7 LOT 128 LOT AREA ~2.9AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/2/03
Pump Tank: 1000 Gallons; PT 29 Date 3/21/03
Pump Make: Gould Model WE0-511H Serial No. 3/10/03
Nitrification Field: No. Fields 1 Square Feet 900 ✱ Linear Feet 300 ✱
No. Lines 4 @ 75' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth No

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: PM → EZ LAYORCH. PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees ____
[ ] Other ____

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

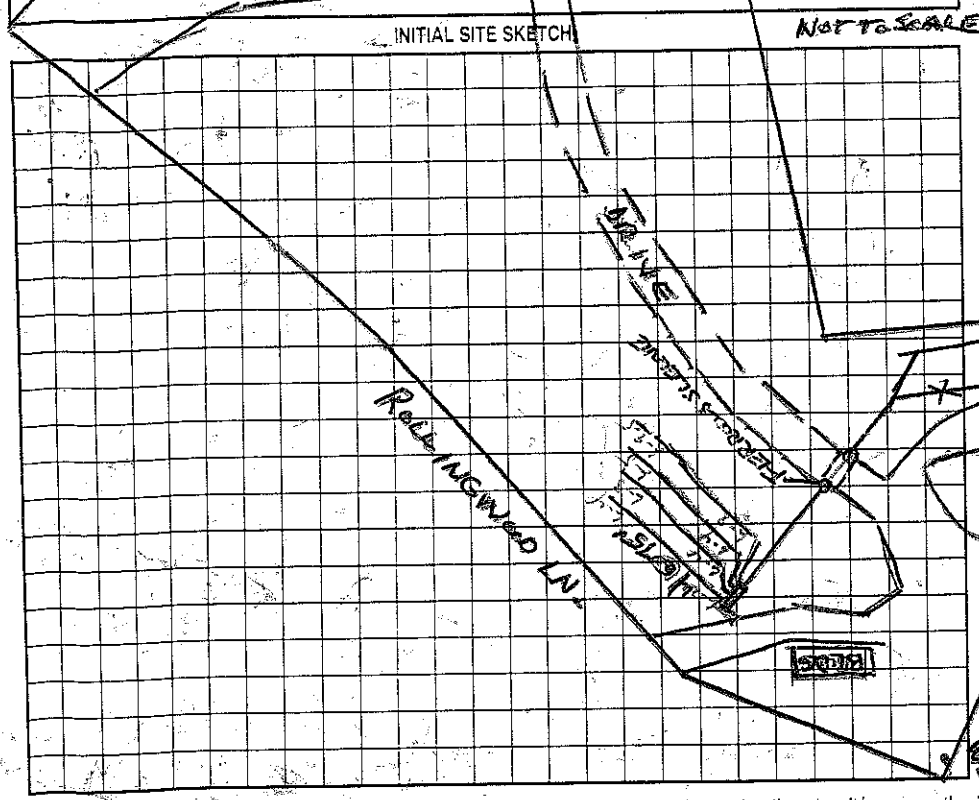
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions:

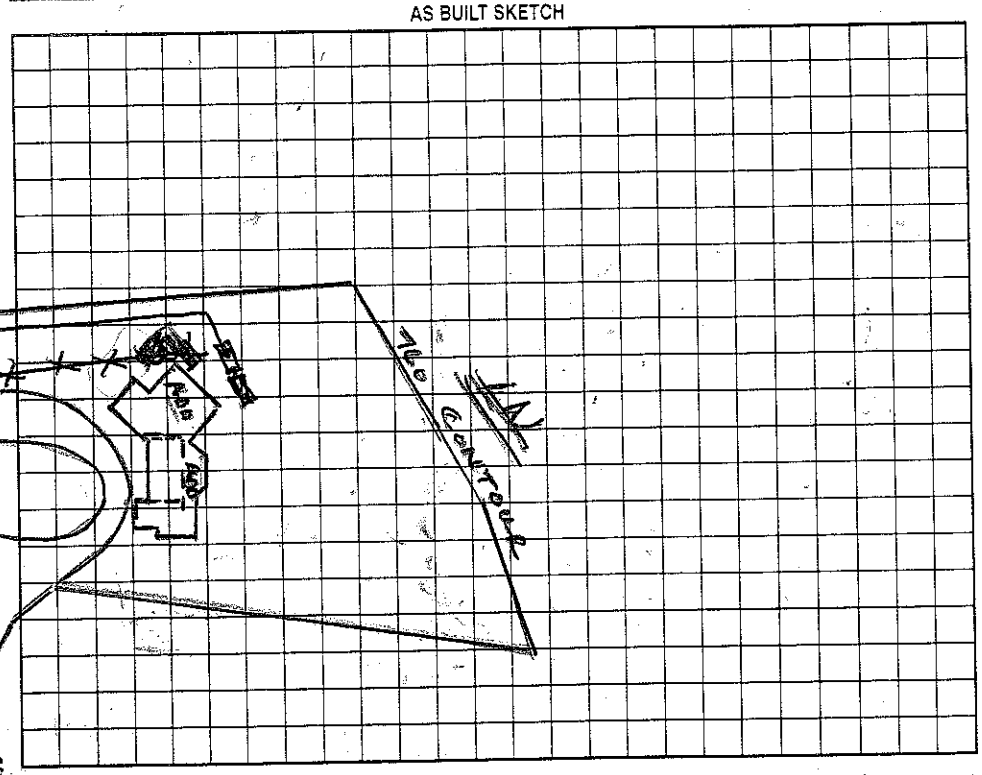
OLD ARBORWAY RD.

Comments/Conditions:

INITIAL SITE SKETCH NOT TO SCALE



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: ✱ Mike Julian date 9-30-02

Improvement Permit by: Wesley Sparks RS. date 9/27/02

Authorization to Construct by: Wesley Sparks RS. date 9/27/02

Installed by: Orbison Const.

Operation Permit by: Wesley Sparks RS date 12/12/02

Existing System Inspection by: _____ date _____

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