IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 7-26-00 50.00 PT MOORESVILLE 704-664-5281

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

PERMIT# 24359 PIN# ~~Pt of 2C A3~~ 4625-38-4858 DATE 7/25/00

OWNER OR CONTRACTOR Bill Mayhew PHONE: Business _____ Home 663-4929

ADDRESS Sunrise Circle Mooresville, NC. 28117

LOCATION 1100 TR Bay Harbour TL Lake End Cove Lane to 2nd drive on (R)

SUBDIVISION HARBOUR BLOCK / SECTION 5 LOT 8/8A LOT AREA ~ 40,600 FT² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 112 Date 2/9/99

Pump Tank: 1000 Gallons; PT 71 Date 2/9/99

Pump Make: MYERS Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 999 Linear Feet 333

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

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

System Description: Pressdosed 16" APBS

Repair System Description: Same on 8A

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 5

[ ] Mobile Home No. Bathrooms 3.5

[ ] Business No. Employees ____

[ ] Other _____

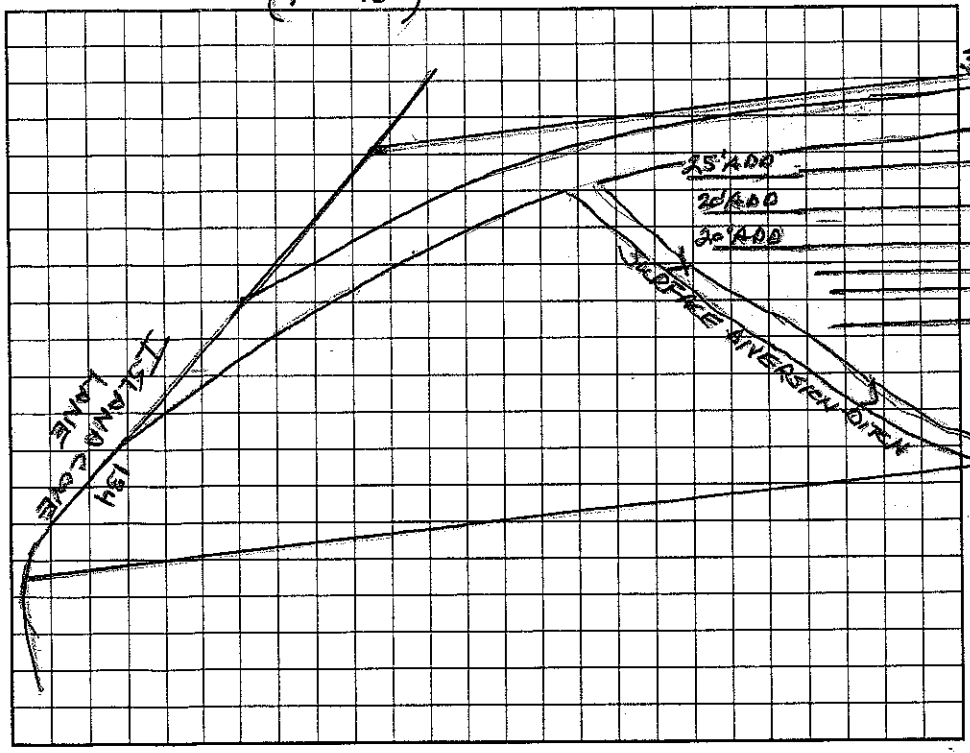
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

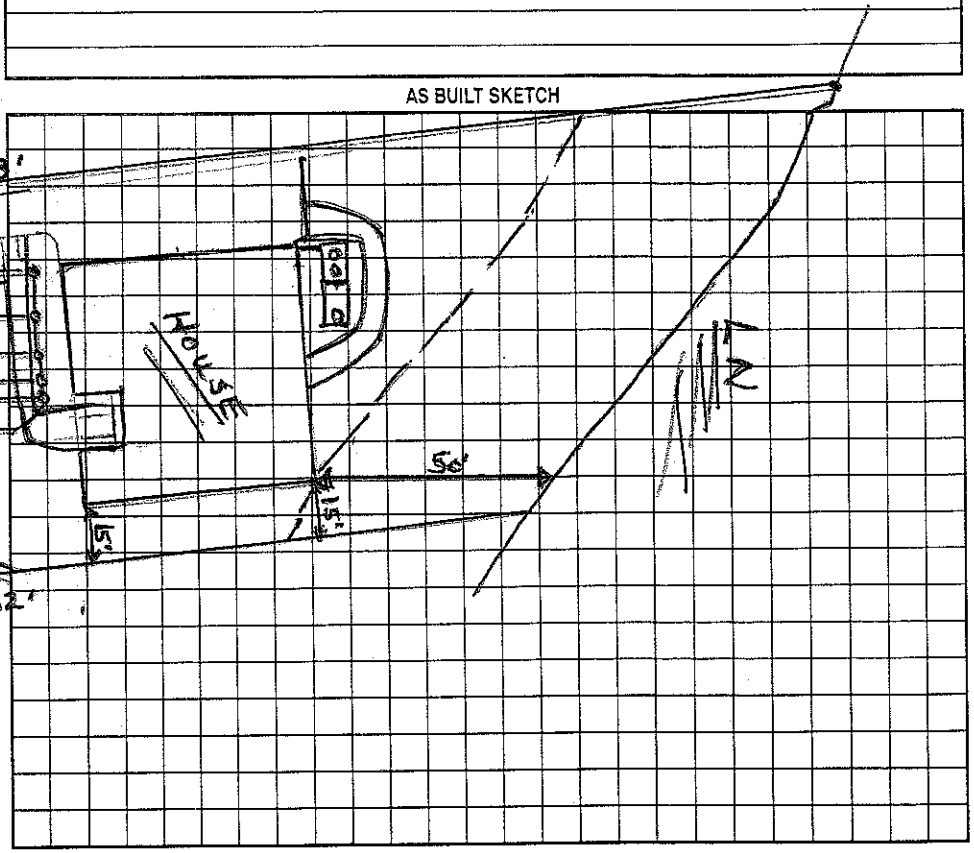
Comments:/Conditions: Add 25' to top line - Add 20'x3' to 2nd and 3rd lines. Create a surface diversion ditch to keep water off lowest drainline

Comments:/Conditions:

(1" = 40') 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: + Deborah C. Mayhew date 7/26/2000

Improvement Permit by: Wesley Sparks RS. date 7/25/00

Authorization to Construct by: Wesley Sparks RS. date 7/25/00

Installed by: WT Norwood

Operation Permit by: Wesley Sparks RS. date 7/28/00

Existing System Inspection by: _____ date _____

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