3-22-00 Paid 300.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 3/16/00

OWNER OR CONTRACTOR Terry Homan PHONE: Business _____ Home 660-5532

ADDRESS 108 Penland Ct. Mooresville, NC. 28117

LOCATION McKendree TR Lakeshore Lp. TL Abbot Ln. TL Lakeview Shores Lp. to 3RD house on (R)

SUBDIVISION C L & T BLOCK / SECTION 8 LOT 262 LOT AREA .61 AC SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT 17 Date 11/2/99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600✱ Linear Feet 210✱

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Pressure → 16" ABS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

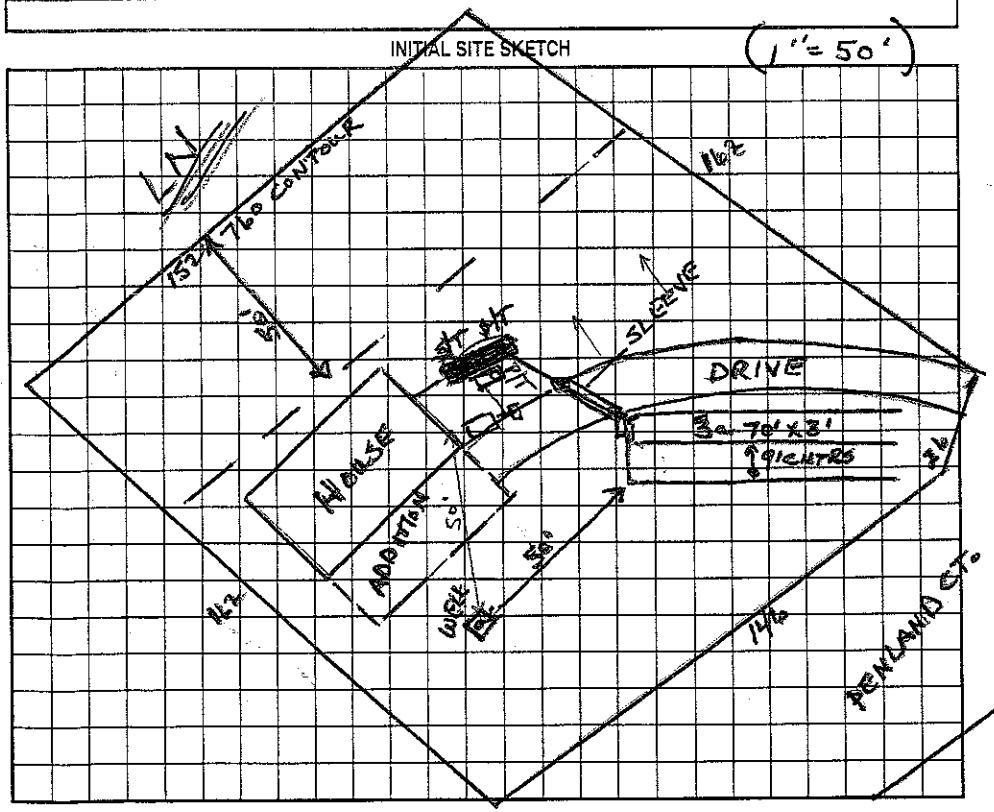
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 50')



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: ✱Barbara R Homan date 3-22-00 Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks RS. date 3/16/00 Operation Permit by: Wesley Sparks RS. date 5/4/00

Authorization to Construct by: Wesley Sparks RS. date 3/16/00 Existing System Inspection by: _____ date _____

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