IREDELL COUNTY HEALTH DEPARTMENT

S[illegible]SVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 112577 PIN# 4626637315.247 / 4626518670 DATE 9/1/04

OWNER OR CONTRACTOR Chris Strom PHONE: Business 506-4008 Home

ADDRESS 214 Wood Duck Lp Mooresville, NC

LOCATION Brawley School Rd TR Southfork TL Freshwater 1st end

SUBDIVISION The Farms BLOCK / SECTION 2 LOT 247 LOT AREA 1.9 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 12-4-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 250 gpd
Repair System Description: Pump Panel BK
Maintenance Agreement Required: [ ] Yes [X] No

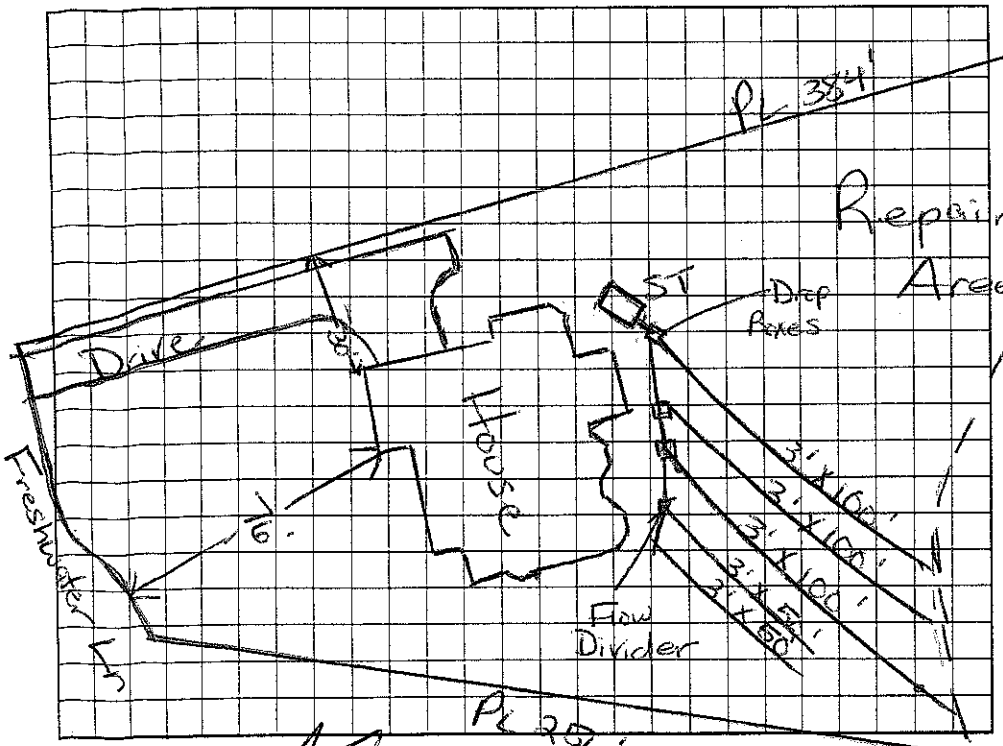
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3½
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

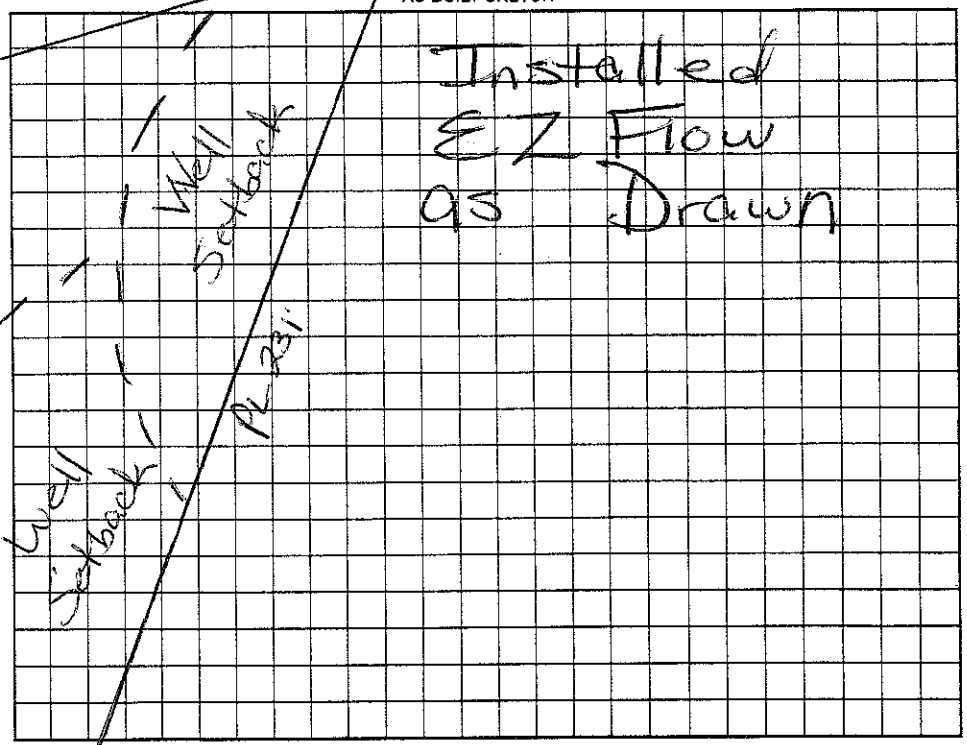
Comments/Conditions: Note: Must stubout plumbing high to have "gravity" flow; otherwise a pump will be required.

Comments/Conditions: Polylok Filter installed

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 9-1-04 Installed by: David Clark 980 721-7292

Improvement Permit by: Maria H. Dolan RS date 9/1/04 Operation Permit by: Maria H. Dolan RS date 1/11/05

Authorization to Construct by: Maria H. Dolan RS date 9/1/04 Existing System Inspection by: ____ date ____

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