IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1460175 PIN# 4626 75 24603 4626-75-1460 DATE 6-13-08

OWNER OR APPLICANT William (Scott) Hill PHONE: Business 704 264-9676 Home

ADDRESS P.O. Box 4240 Mooresville, NC 28117

LOCATION Brawley School TR McKendree Rd on left next to #203 & #205 209 McKendree

SUBDIVISION BLOCK / SECTION LOT LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 480gpd T.A.R. .3

Septic Tank: 1000 Gallons: STB 317 Date 10/5/07

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36

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

System Description: Gravity-25% Reduction

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [ ] No

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

No. Bedrooms No. Persons No. Employees

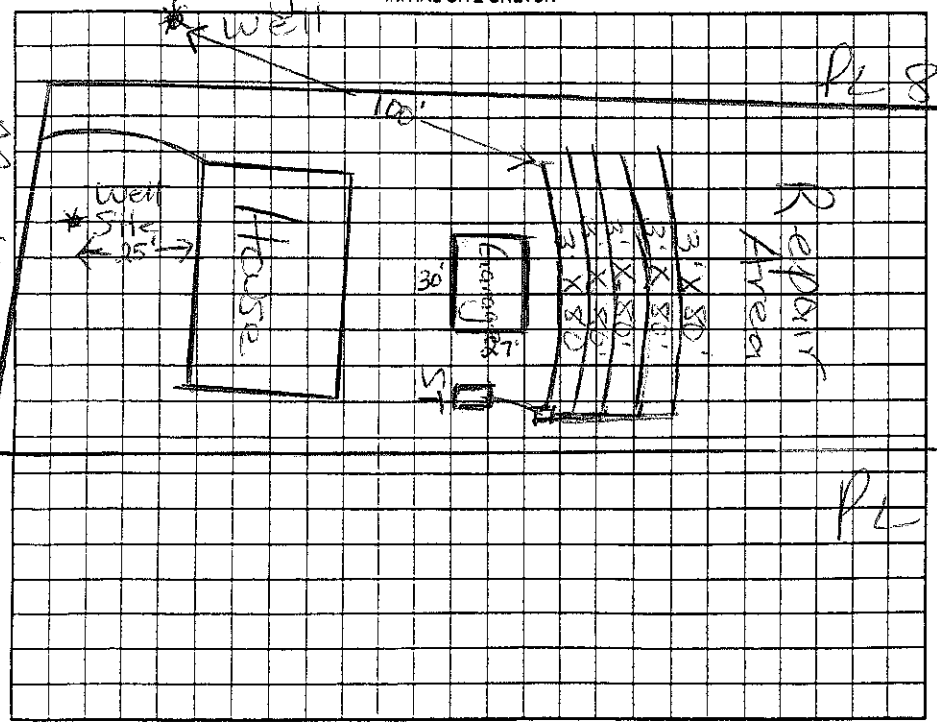
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth N/A [X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions: Scale 1:60

Comments:/Conditions:

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: W. Scott Hill date 6-13-08 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Dotson RS date 6/13/08 Operation Permit by: Wesley Hughes date 6/18/08

Authorization to Construct by: Maria H. Dotson RS date 6/13/08 Existing System Inspection by: date

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