IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 103020 PIN# 4627-22-8578 DATE 10/26/01

OWNER OR CONTRACTOR Roy Whitley PHONE: Business _____ Home 664-2203

ADDRESS 141 Goat Hill Rd Mooresville NC 28117

LOCATION Brawley Sch, TR McKendree, TR Lakeview Shores, TR Goat Hill at end on Lt. 141 Goat Hill Rd

SUBDIVISION CL+J BLOCK / SECTION 5 LOT 319 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 5/4/02
Pump Tank: 1000 Gallons; PT 27 Date 5/5/02
Pump Make: MYERS Model MYERS Serial No. ME-505-11
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines ~~6~~ 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 25% Reduction
Repair System Description: Pump Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

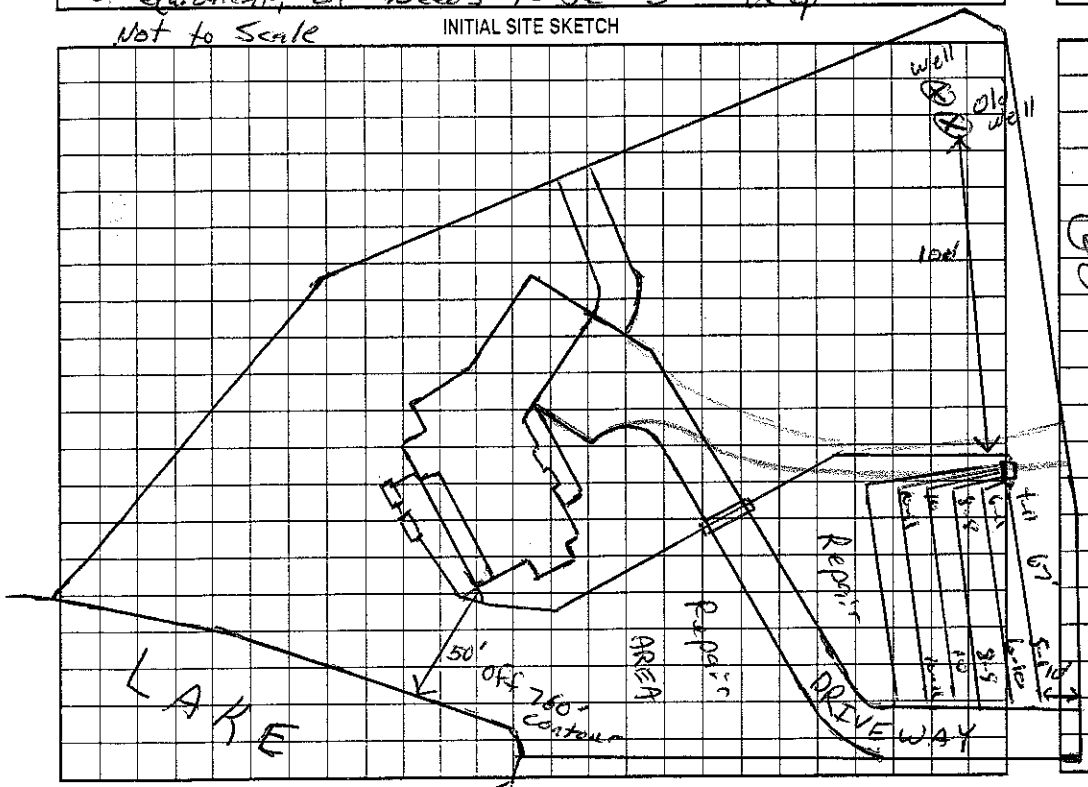
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Install lines on Contour - Keep septic system 100' from all wells - Supply line needs to be sleeved in ductile iron or equivalent, or needs to be 30+" deep

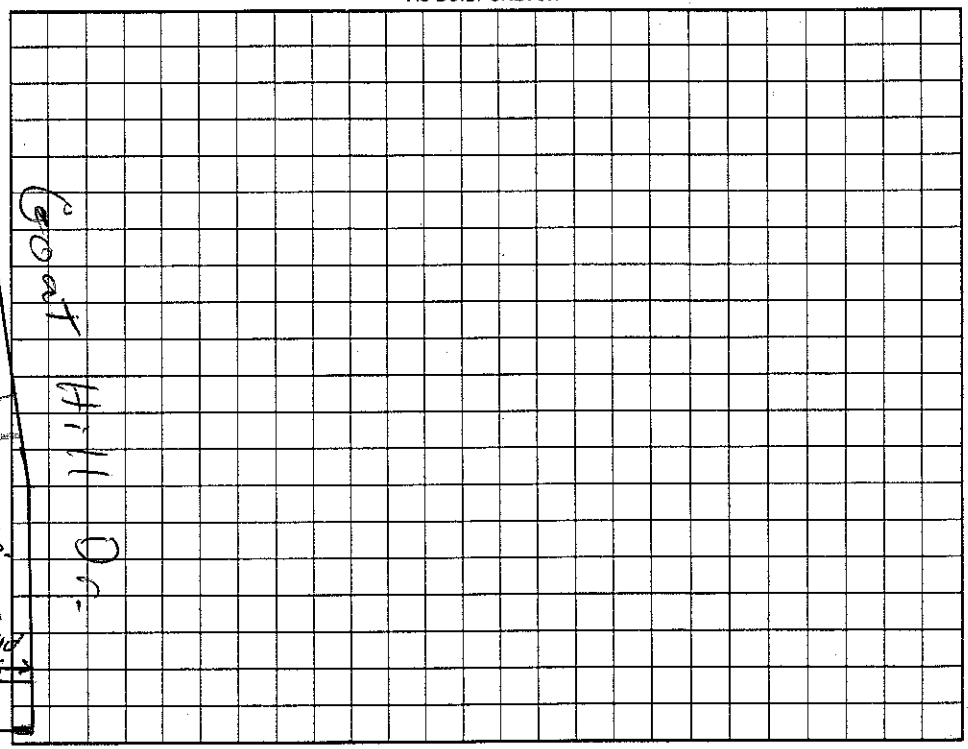
Comments:/Conditions: 6/10 Changed to 50% EZ Lay - AWS
6/12/02 Pump, Tanks, Drainfield, PM. AWS

Not to Scale

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: R A Whitley date 10-30-01 Installed by: Orbison Const. Co.

Improvement Permit by: RS date 10/26/01 Operation Permit by: RS date 8/26/02

Authorization to Construct by: RS date 10/26/01 Existing System Inspection by: _____ date _____

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