IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 100.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 113141 PIN# 4627-88-2992 4627-78-9967 DATE 3/13/06

OWNER OR CONTRACTOR Jeff Joyner PHONE: Business _____ Home _____

ADDRESS 222 Shyler Rd Mocksville NC, 27028

LOCATION 150 W, TL Paradise Pen, TL Greenbay, on Rt #122 Greenbay Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.43 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 760 Date 11/27/05
Pump Tank: 1000 Gallons; PT 363 Date 10/7/05
Pump Make: Zoeller Model N 152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 24"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 250 gpd Product
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth —

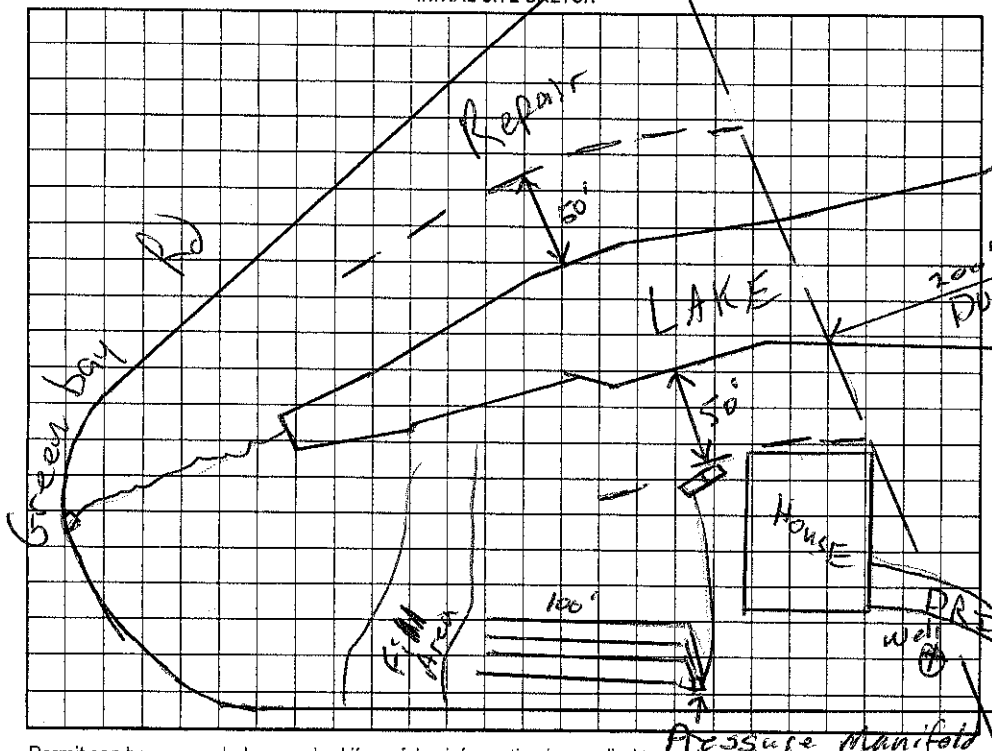
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

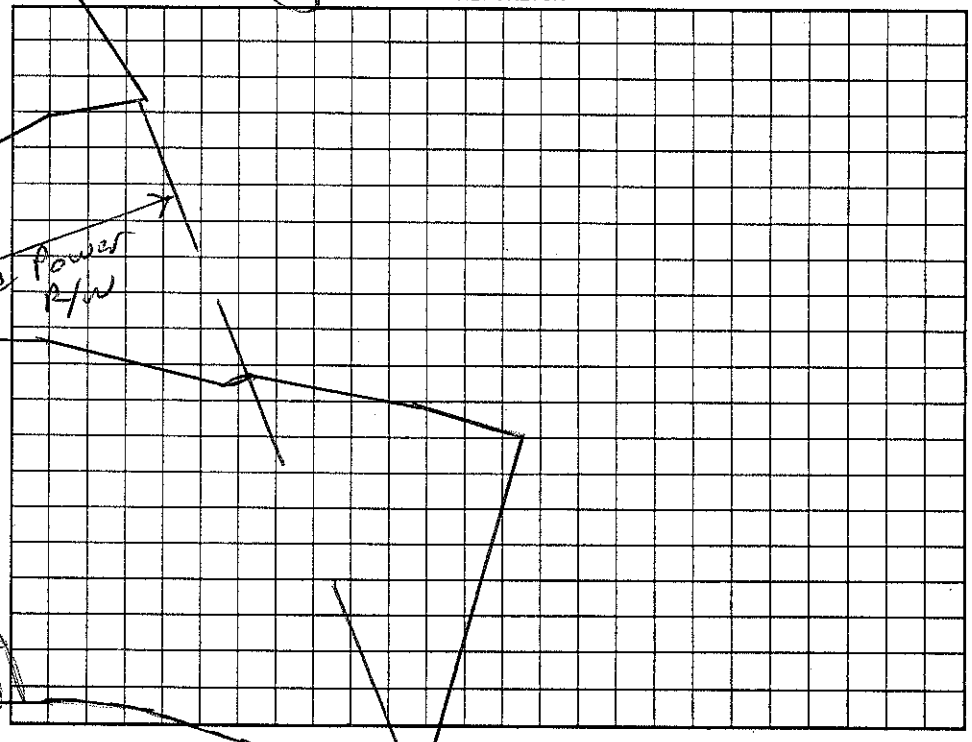
Comments:/Conditions:

Comments:/Conditions: Tanks, lines & pressure checked by GM 3/17/06
Effluent alarm checked by MD 3/26/07

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: Jeff Joyner date 3/13/06 Installed by: Randy Miller RS

Improvement Permit by: _____ RS date 3/13/06 Operation Permit by: _____ date 3/26/07

Authorization to Construct by: _____ RS date 3/13/06 Existing System Inspection by: _____ date _____

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