IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074751 / 114675 PIN# 4627824790 DATE 7-14-2003

OWNER OR CONTRACTOR Pride Homes PHONE: Business 309-5455 (Mark's mobile) Home 799-6542

ADDRESS 683 Beaten Path Rd Mooresville, NC 28117

LOCATION Brawley School Rd TR Blume TL Beaten Path ~200 yds before Honey Suckle

SUBDIVISION Shaveners Bluff BLOCK / SECTION ____ LOT 48 LOT AREA .69 acre SITE CLASS. PS DESIGN FLOW 4 Bedroom L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 350 Date 6/10/03
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" Gravel Depth N/A

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

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

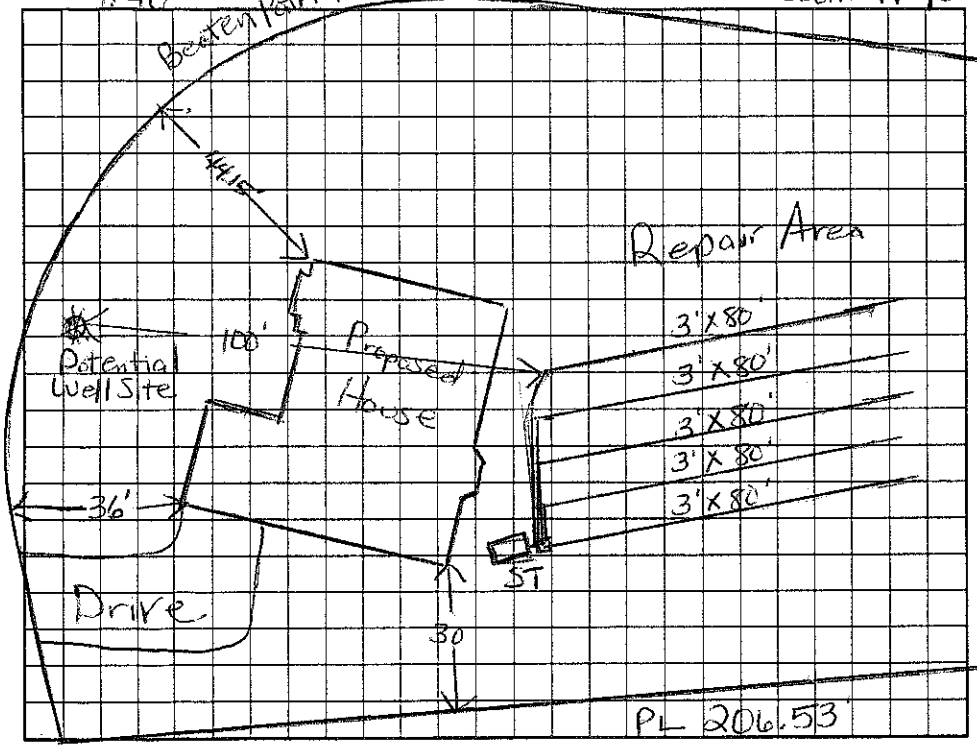
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

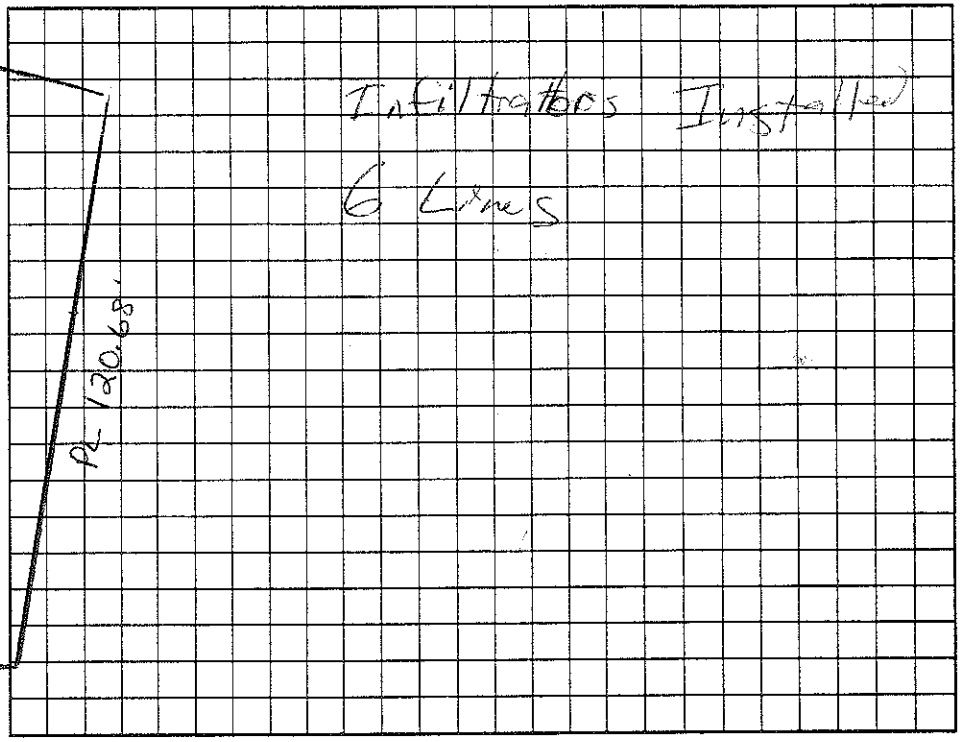
Comments:/Conditions: Keep Septic System at least 10' from PL

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:40



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: Mark S Smith date 7/16/03 Installed by: Piedmont Septic

Improvement Permit by: Marvin H. Dotson R.S. date 7/14/03 Operation Permit by: [signature] E.S. date 12/1/03

Authorization to Construct by: Marvin H. Dotson R.S. date 7/14/03 Existing System Inspection by: ____ date ____

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