IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107346 PIN# 4627 90 7412 .304 4627-90-6028 DATE 2/14/03

OWNER OR CONTRACTOR ZJR Custom Home Builders PHONE: Business 704-361-8951 Home

ADDRESS 147 Dobbin Ln. Mooresville, NC. 28117 / 130 Palmetto Marsh

LOCATION 1100 TR Blume TL Buxton Path TL Cicero TL Shoreacres, TL Palmer Marsh, 4th lot on (R)

SUBDIVISION Shoreacres Bluff BLOCK / SECTION 3 LOT 304 LOT AREA .68 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 4/19/03

Pump Tank: 1000 Gallons; PT 27 Date 4/9/03

Pump Make: MYERS Model ME-3F11 Serial No. 415/01

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460

No Lines 4@100 Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth NA

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI

System Description: PM TO TYPE 3 DRAINFIELD

Repair System Description: 16" PABPS

Maintenance Agreement Required: [ ] Yes [X] No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

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

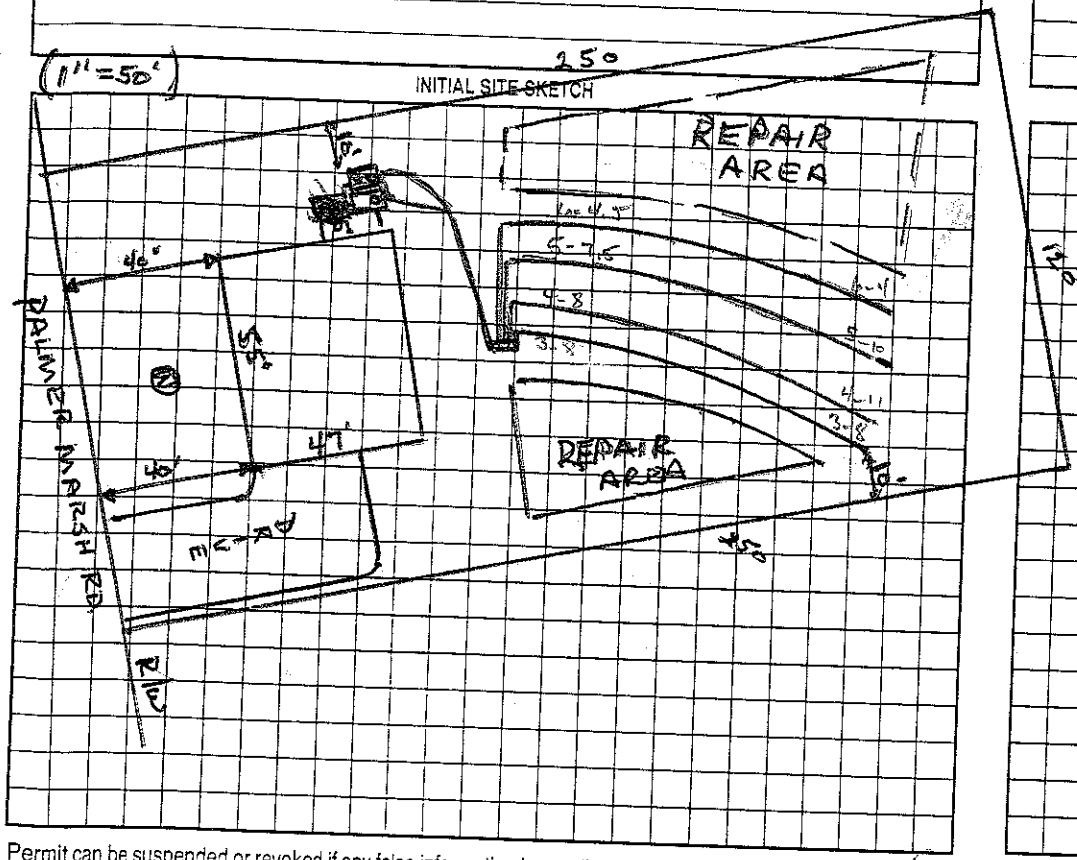
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: EZ FLOW INSTALLED

(1" = 50')

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 3/3/03 Installed by: ETIM AMMONS

Improvement Permit by: Wesley Sparks RS. date 1/14/03 Operation Permit by: Wesley Sparks RS. date 8/13/03

Authorization to Construct by: Wesley Sparks RS date 1/14/03 Existing System Inspection by: _____ date _____

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