IREDELL COUNTY HEALTH DEPARTMENT

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

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

$50.00 Paid

PERMIT# 13564S / Repair PIN# 4628 81 8177 4628-81-8168 DATE 6/15/06

OWNER OR APPLICANT Summerwood Homes LLC PHONE: Business _____ Home _____

ADDRESS 173 W. Maranta Rd Mooresville NC 28117

LOCATION 150W, TR Waddell, on RT before Clover Hill

SUBDIVISION CLHT BLOCK / SECTION 11 LOT 254 LOT AREA 0.74 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: 1000 Gallons; STB 760 Date 11/6/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 900 Linear Feet See Comments
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

☐ New System ☒ Repair ☐ Expansion System Type: ☐ II ☒ III ☐ IV ☐ V ☐ VI
System Description: _____
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth _____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons _____ No. Employees _____

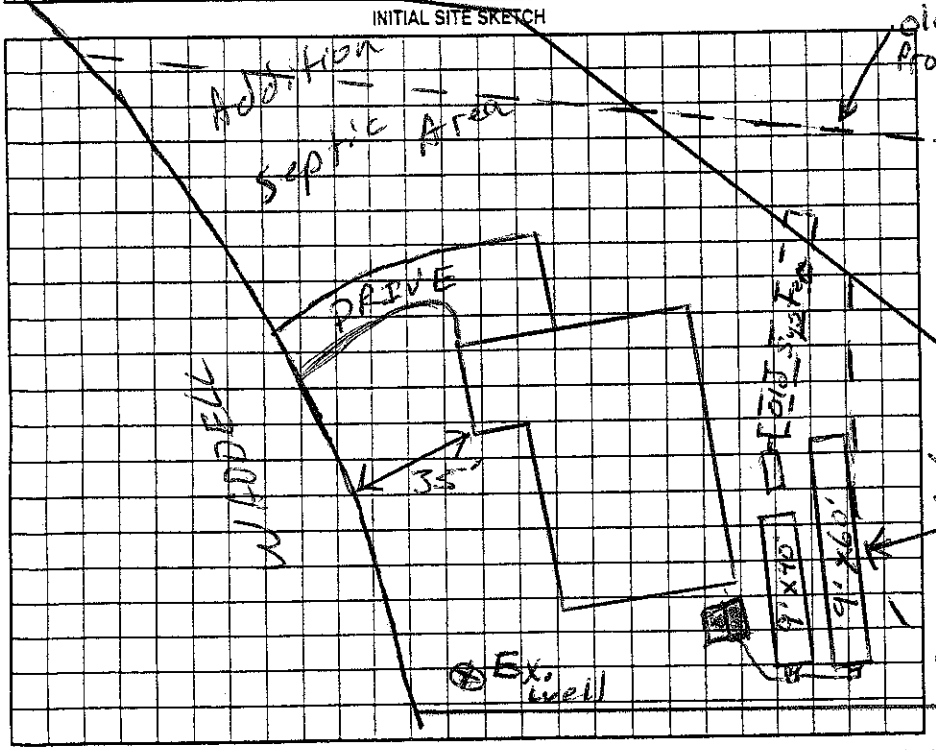
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Install in 2 beds - 9'x40', 9'x40' Feed 9'x40' Bed First

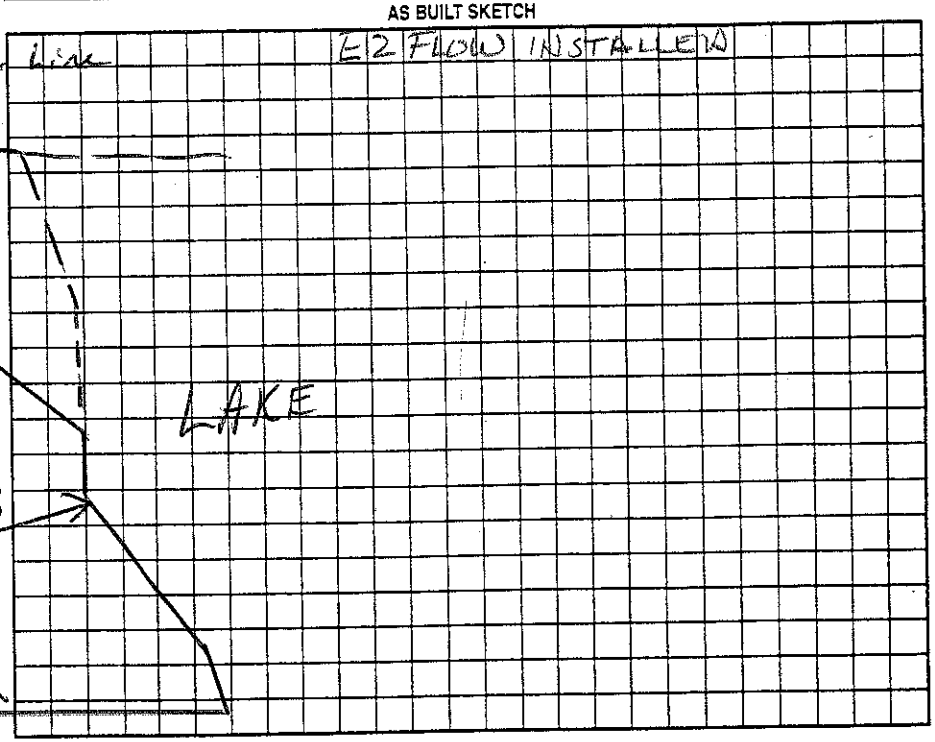
Comments:/Conditions: Existing System was Failing at time of Inspection. Additional Septic Area should be preserved for any Future Need.

INITIAL SITE SKETCH



AS BUILT SKETCH

E2 FLOW INSTALLED



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 9-18-06 Installed by: Rhea Grading

Improvement Permit by: _____ date 6/15/06 Operation Permit by: Wesley Sparks date 4/24/07

Authorization to Construct by: _____ date 6/15/06 Existing System Inspection by: _____ date _____

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