IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115370 PIN# 4628900932 DATE 2/17/06

OWNER OR CONTRACTOR Precision Cust. Homes / Brian Albers PHONE: Business _____ Home _____

ADDRESS 172 Waddell Rd Mooresville NC 28117

LOCATION 150 W TR Waddell, on Rt 172 Waddell rd

SUBDIVISION CLT BLOCK / SECTION 11 LOT 282 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1012 Date 12/22/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 456 Linear Feet 228

No Lines 7 Trench Width 24" Max Trench Bottom Depth 36 Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Solid

Repair System Description: Limited Deed Prior to 1993

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

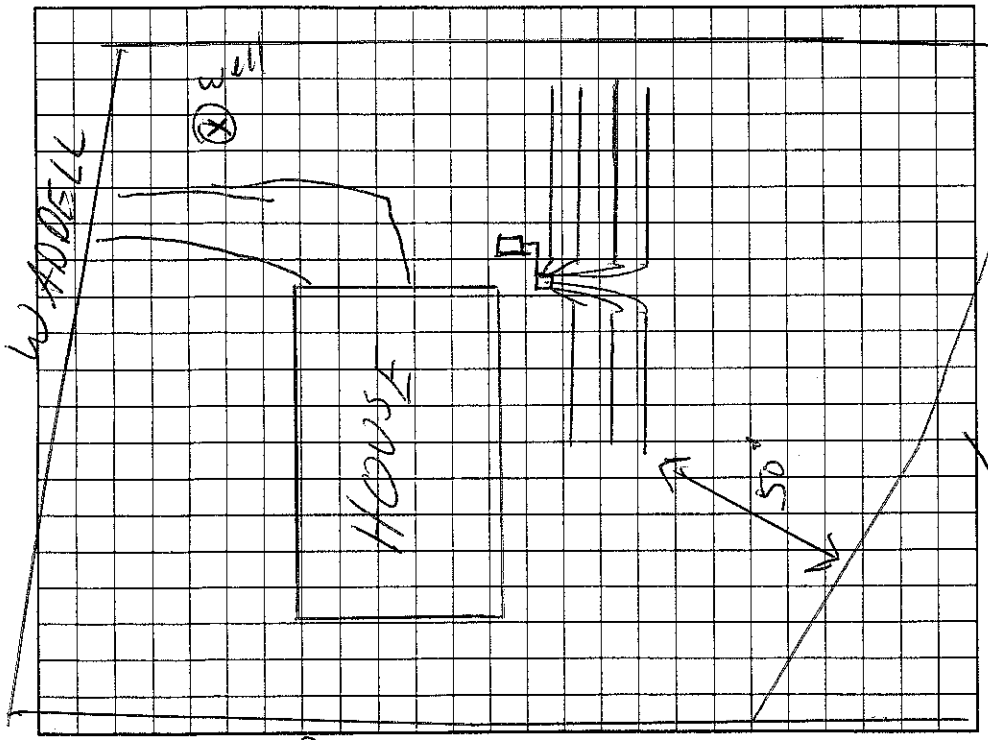
Comments:/Conditions:

Not to Scale

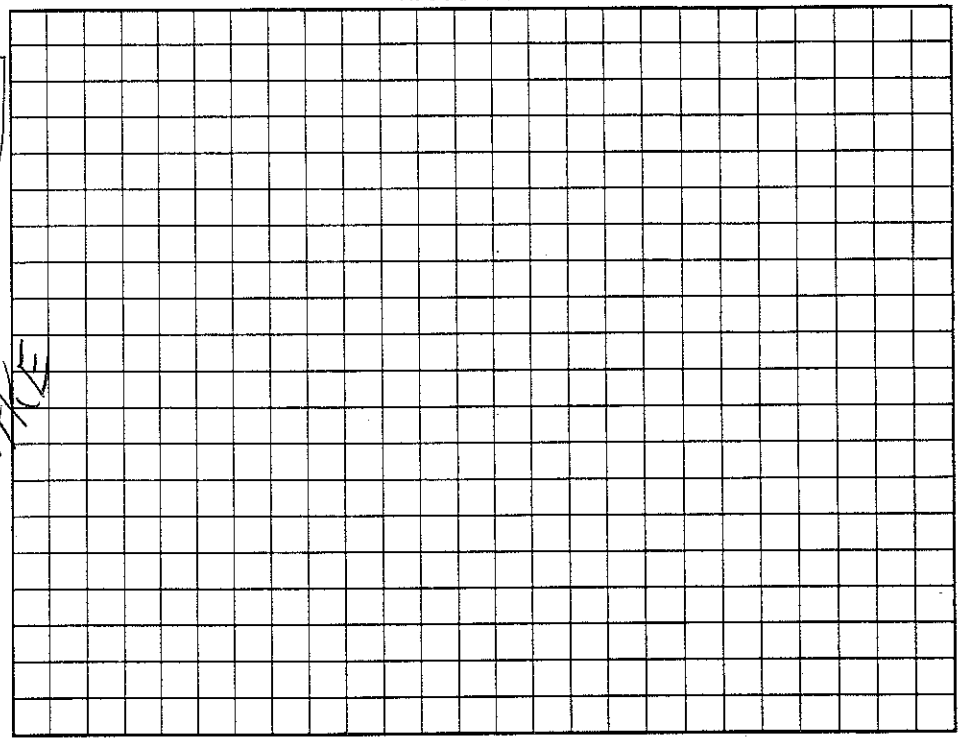
Comments:/Conditions:

Original Permit Lost - Copy attached - As Built Drawing

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 _____

Improvement Permit by: G McNeely RS date Originally 9/29/03

Authorization to Construct by: Originally Maria Dotson date 6/17/05

Installed by: Steve Jordan

Operation Permit by: G Jordan RS date 2/17/06

Existing System Inspection by: _____ date _____

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