IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120366 PIN# ~~4628-97-6069.03~~ 4628968916 DATE July 17, 04

OWNER OR CONTRACTOR Miller-McCormick Investments / PRIDE HOMES PHONE: Business _____ Home _____

ADDRESS Hwy Crossing Hollow, Mooresville, N.C. 28117

LOCATION Beaty Rd JR. TL Ford Hill on Right just w/ Ford Haven Ln.

SUBDIVISION Fern View BLOCK / SECTION _____ LOT 3 LOT AREA .77Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1017 Date 12/5/05

Pump Tank: 1000 Gallons: PT 17 Date 1/4/05

Pump Make: Goulds Model WE0 511H Serial No. C055202

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM 25% Reduction

Repair System Description: PM 35% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

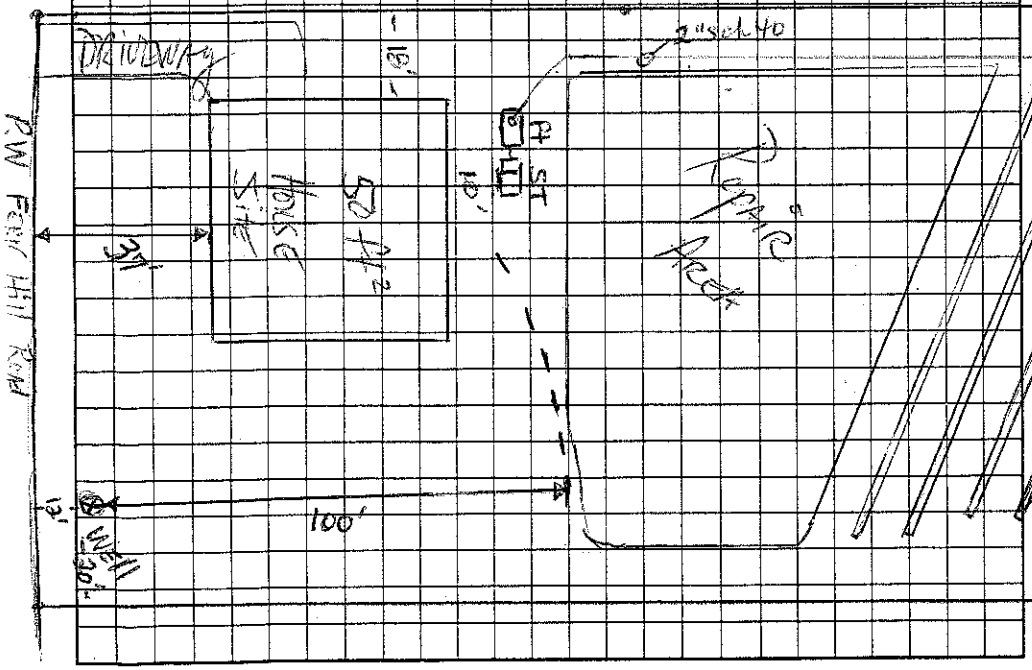
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

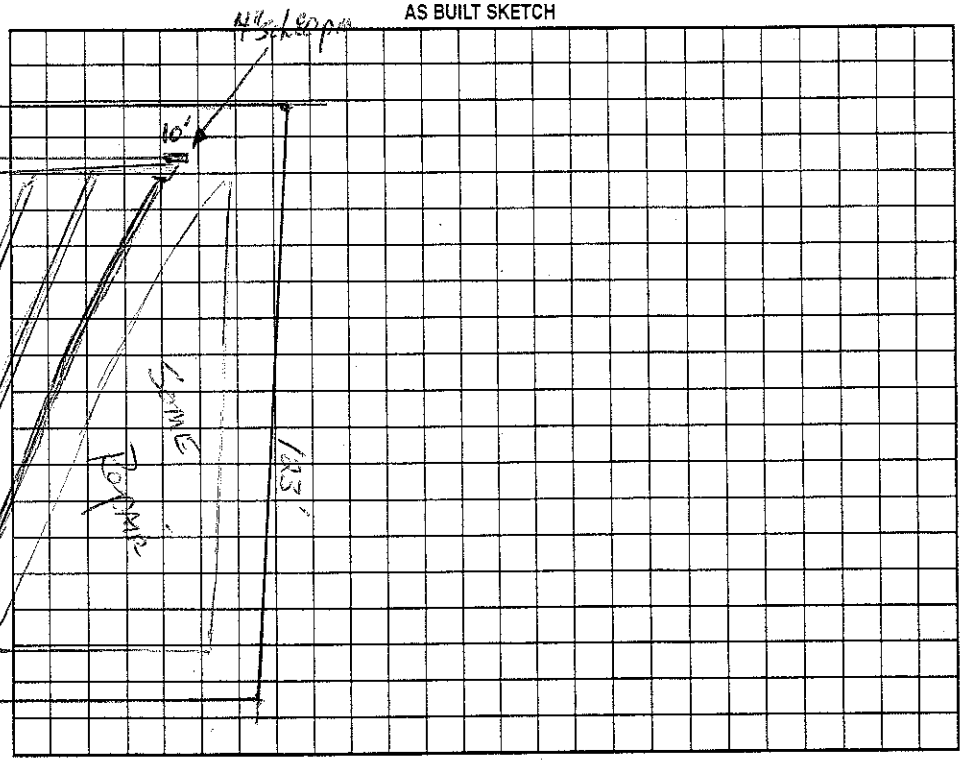
Comments:/Conditions:

Comments:/Conditions: Lines, Tanks.

1"=40' 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: _____ date July 17, 04

Authorization to Construct by: Wesley Sparks R.S. date 12/16/04

Installed by: C+S Brady

Operation Permit by: Wesley Sparks R.S. date 9/16/05

Existing System Inspection by: _____ date _____

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