IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 71174 PIN# 4629 77 1991 DATE 6-11-98

OWNER OR CONTRACTOR Mark Queen PHONE: Business Home 6634771

ADDRESS 463 Stonemarker Rd Mooresville N.C.

LOCATION State Pk Rd Turn Morrison Fm Turn Rt Seakirk 6th lot Rt side

SUBDIVISION Lake Norman BLOCK / SECTION 18 LOT 93 LOT AREA .89 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3 (0.2)

Septic Tank: 1000 Gallons; STB 794 Date 02/05/03
Pump Tank: 1000 Gallons; PT 27 Date 03/03/03
Pump Make: MYERS Model ME-DP Serial No. ? 3/4 H.P. ?
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LPP Panels
Repair System Description: " "
Maintenance Agreement Required: ☑ Yes ☐ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

Water Sup
☑ Individu
☐ Public
☐ Comm
Alum

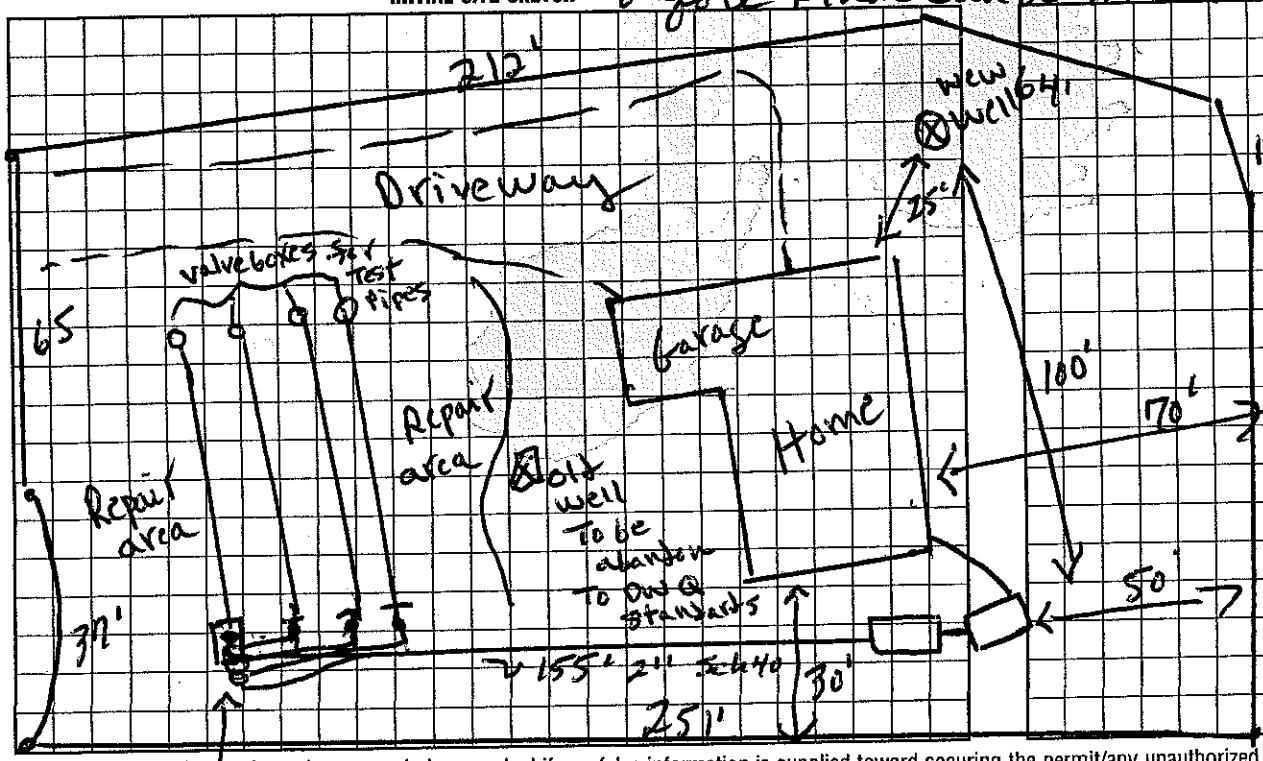
EX we

Comments:/Conditions: See Attached Sheets for Pump Tank + pressure line set up which are part of this Permit. A certified operator must be on contract before Final can be issued

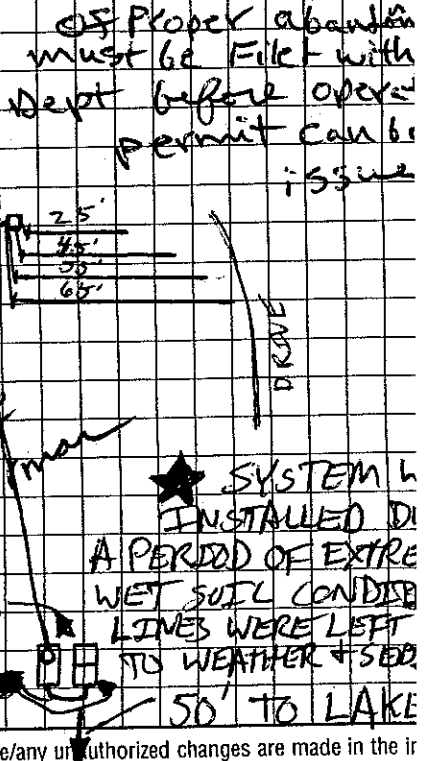
Comments:/Conditions: *-S.T. HAS ZABEL FILTEK according to Standards + Drill well as shown

Record From D
of Proper abandon
must be Filed with
Dept before opera
permit can b
issue

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 un authorized changes are made in the in tion 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 Permi to exceed sixty months.

Valve Box with 4 1 1/4" Ballvalves

*NO P.T. FILTER I

Signed: [signature] date 5-21-03

Improvement Permit by: L.C. Moore date 6-11-98

Authorization to Construct by: L.C. Moore date 6-11-98

Installed by: TIM AMMONS

Operation Permit by: Patrick Mitchell date 05/21/0

Existing System Inspection by: date

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