L COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 1-12-98

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

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

PERMIT # 071189 PIN # 4629 78 3173 DATE 2-25-98

OWNER OR CONTRACTOR HAREN SPROUSE PHONE: Business Home 664-4405

ADDRESS 727 KEMP ROAD MOORESVILLE NC 28115

LOCATION US 21S, TR PERTH RD, TR STATE PARK RD, TL MORRISON FARM RD, TR SEEKIRK RD, 0.1 MILE ON RIGHT

SUBDIVISION S L E T BLOCK / SECTION 18 LOT 95 LOT AREA 0.86 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10-30-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet Eq to 1200 Linear Feet 300+

No. FOUR Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CHAMBERED GRAVITY

Repair System Description: PPBPS GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 6" SAND ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

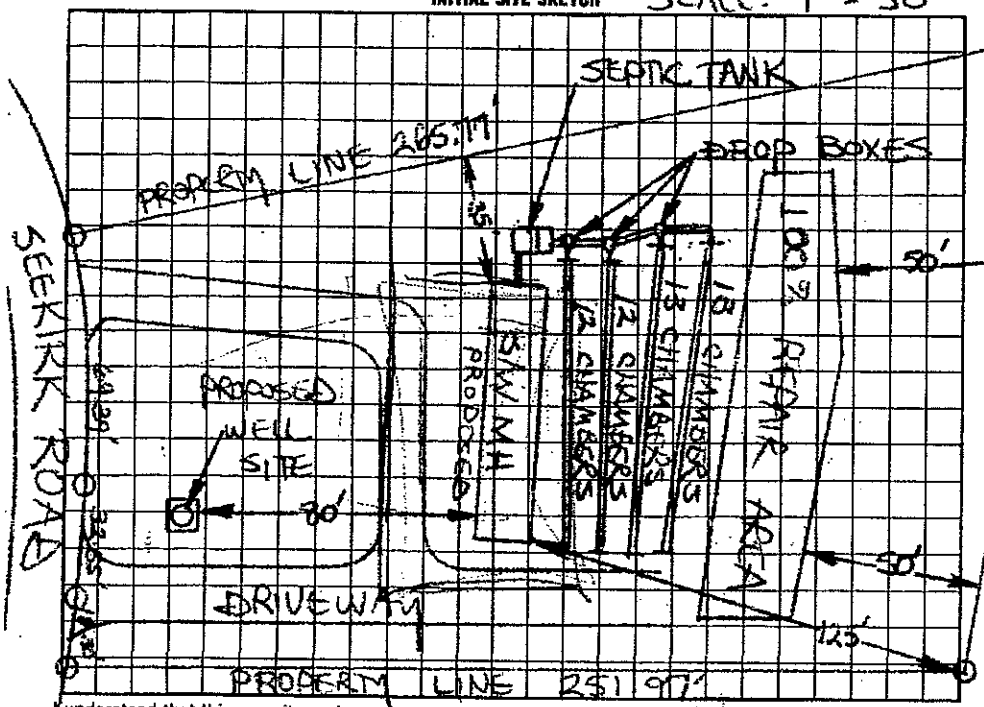
Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

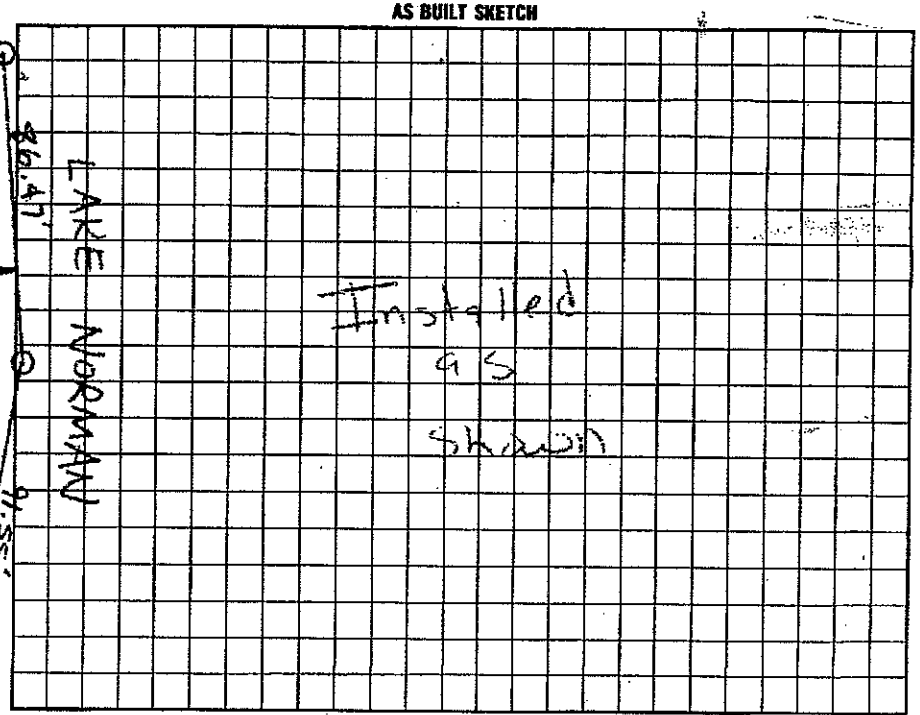
Comments:/Conditions: ① INSTALL FIFTY CHAMBERS IN FOUR LINES AS SHOWN ② KEEP SYSTEM MINIMUM 100' FROM WELL ③ INSTALL ONE INSPECTION PORT PER LINE - SEE ATTACHMENT SHEET

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 50'



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 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: STEVE HENDRICK date 2-25-98

Authorization to Construct by: STEVE HENDRICK date 2-25-98

Installed by: Tim Ammons

Operation Permit by: ____ date ____

Existing System Inspection by: [illegible] date 3-3-98

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