IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91823 PIN# 4639 73 6156 DATE 10/3/00

OWNER OR CONTRACTOR Family Value Homes PHONE: Business (704) 799-9560 Home

ADDRESS 2880 Charlotte Hwy, Mooresville NC 28117

LOCATION ST Pack, L Morrison Farm, L Still water, on RT

SUBDIVISION Still water Es BLOCK / SECTION LOT 8 LOT AREA .72 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1016 Date 9-24-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: [I] II III IV V VI
System Description: Gravity Conv.
Repair System Description: Gravity 25% Red
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

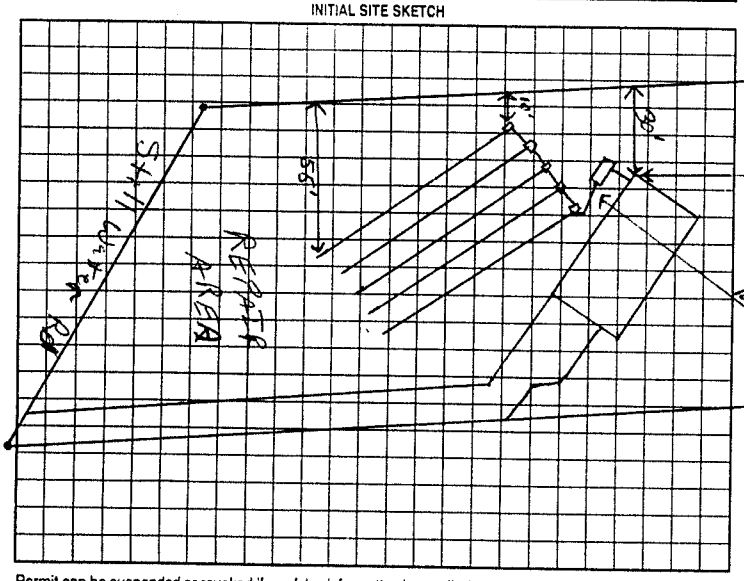
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions: Call Health Dept. before installation
Keep well 100' from septic system

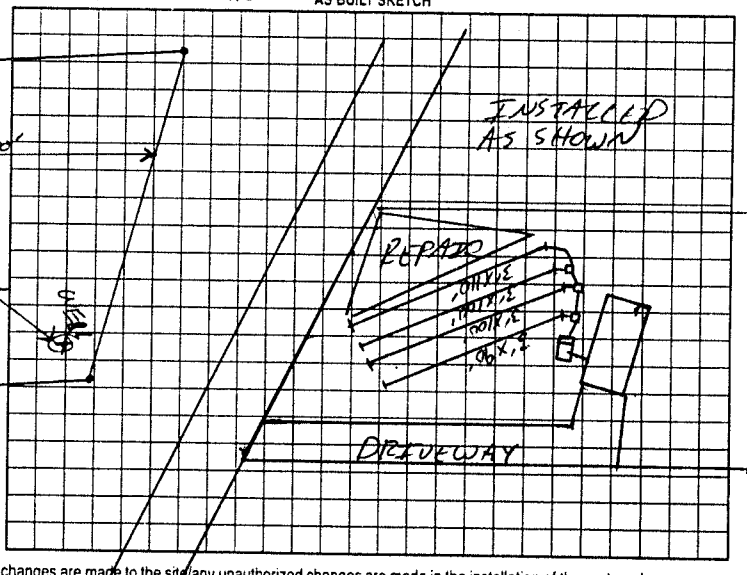
Comments:/Conditions: PULYLOK MARKER
REPAIR HAS CHANGED TO PANELS/CHAMBERS AFTER INSTALLATION
ON LOT GRADING

INITIAL SITE SKETCH



90 100 100 110'

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 10/03/00 Installed by: A-1 BACKHOE

Improvement Permit by: RSE date 10/3/00 Operation Permit by: date 01-30-02

Authorization to Construct by: RSE date 10/3/00 Existing System Inspection by: date

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