11.00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Pd. MOORESVILLE 704-664-5281

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

PERMIT# 102401 PIN# 4634-89-4078 DATE 11/8/01

OWNER OR CONTRACTOR Vicki Hill PHONE: Business _____ Home 704-896-3438

ADDRESS 138 Royal Pt. Way Mooresville NC 28117

LOCATION Langtree, TL Royal Pt. Way

SUBDIVISION Royal Pt. BLOCK / SECTION _____ LOT 6 LOT AREA 0.65 AC SITE CLASS. PS DESIGN FLOW 366 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Date 10-12-01
Pump Tank: Existing Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet Existing Linear Feet 200'
No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: Existing LP Panel
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____

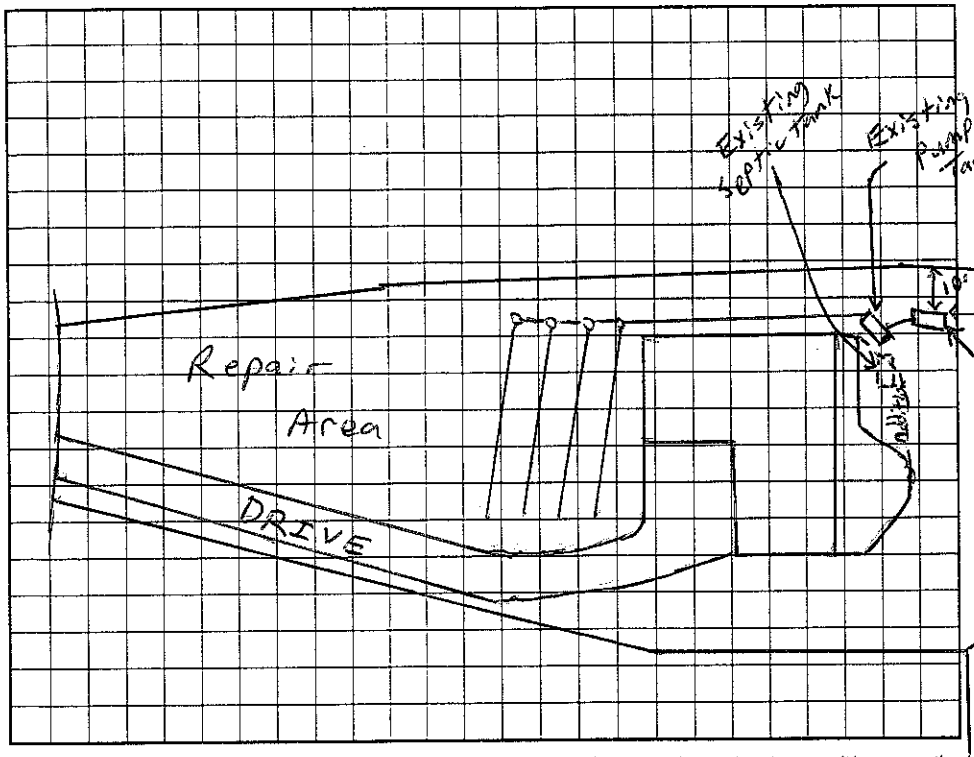
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Existing Septic Tank must be pump out, crushed, and filled in.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Lines blown out & Pressure head reset 4/2/2002 System functioning Okay

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 2-11-02 Installed by: R & H Inc. 4/2/2002

Improvement Permit by: RSI date 11/8/01 Operation Permit by: Maria Dolson RS date 3/15/2002

Authorization to Construct by: RSI date 11/8/01 Existing System Inspection by: _____ date _____

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