IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 071771 PIN# 4625 94 1684 4635123563 DATE 10/21/03

OWNER OR CONTRACTOR Lake Norman Signature Homes PHONE: Business 704-361-0402 Home

ADDRESS 311 Williamson Rd unit 102 Mooresville NC 28117 191 Falmouth Rd.

LOCATION BSR to Point Dr, TL Queen Ann's Cir, TL Vineyard, TL Falmouth on Rt

SUBDIVISION Point BLOCK / SECTION 1-A LOT 80 LOT AREA 47,801Sqft SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: ~~1500~~ 1500 Gallons; STB 338 Date 9/10/03

Pump Tank: 1000 Gallons; PT 283 Date 10/10/03

Pump Make: Gould's Model WE0512HH Serial No F03563/0

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM - 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

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

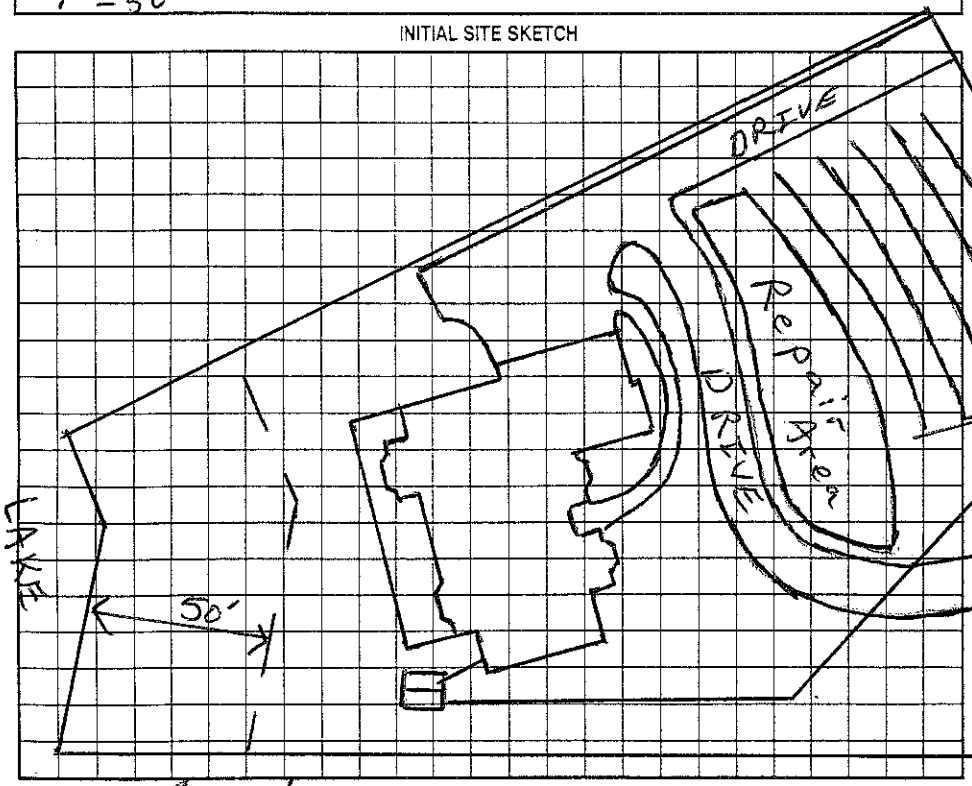
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

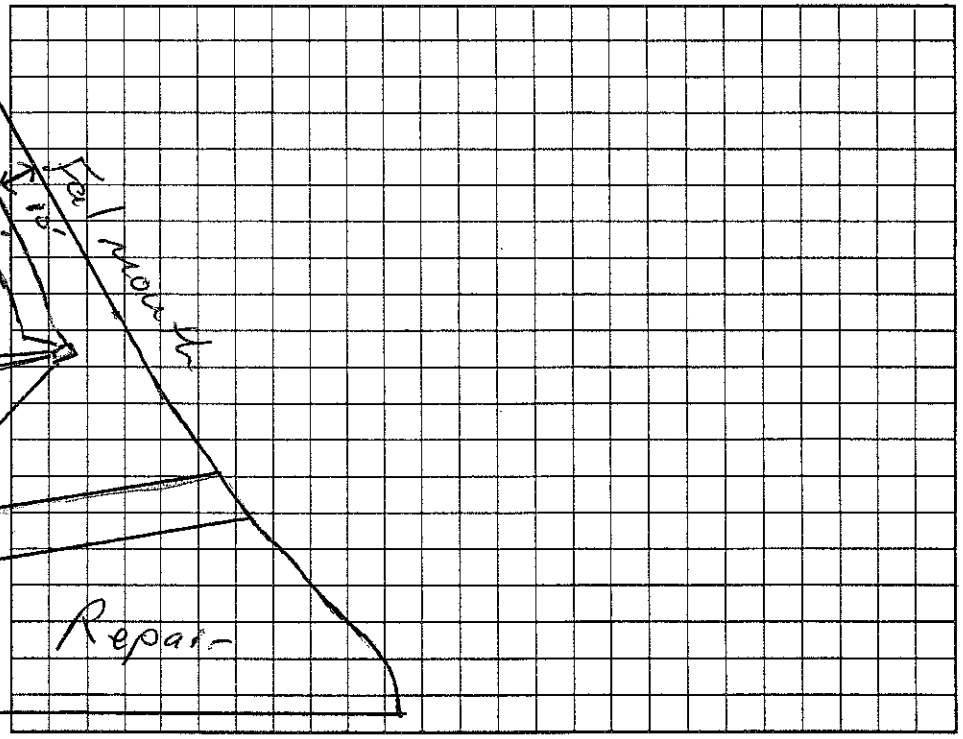
1" = 50'

Comments:/Conditions:

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 10/21/03 Installed by: Hall Man const

Improvement Permit by: _____ RS date 10/21/03 Operation Permit by: Wesley Sparks RS. date 1/6/04

Authorization to Construct by: _____ RS date 10/21/03 Existing System Inspection by: _____ date _____

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