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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142812 PIN# 4635367253 DATE 6-4-07

OWNER OR APPLICANT Emory & Jane Atwater PHONE: Business _____ Home _____

ADDRESS 600 Isle of Pines Rd. Mooresville NC 28117

LOCATION Brawley Sch. Rd, @ Isle of Pines, towards end on right -

SUBDIVISION Isle of Pines BLOCK / SECTION 1 LOT 27 LOT AREA .473 Acre SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____
No Lines 3 (7½x100 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: _____
Repair System Description: EXISTING
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 4
☐ Business No. Employees _____
☐ Other _____

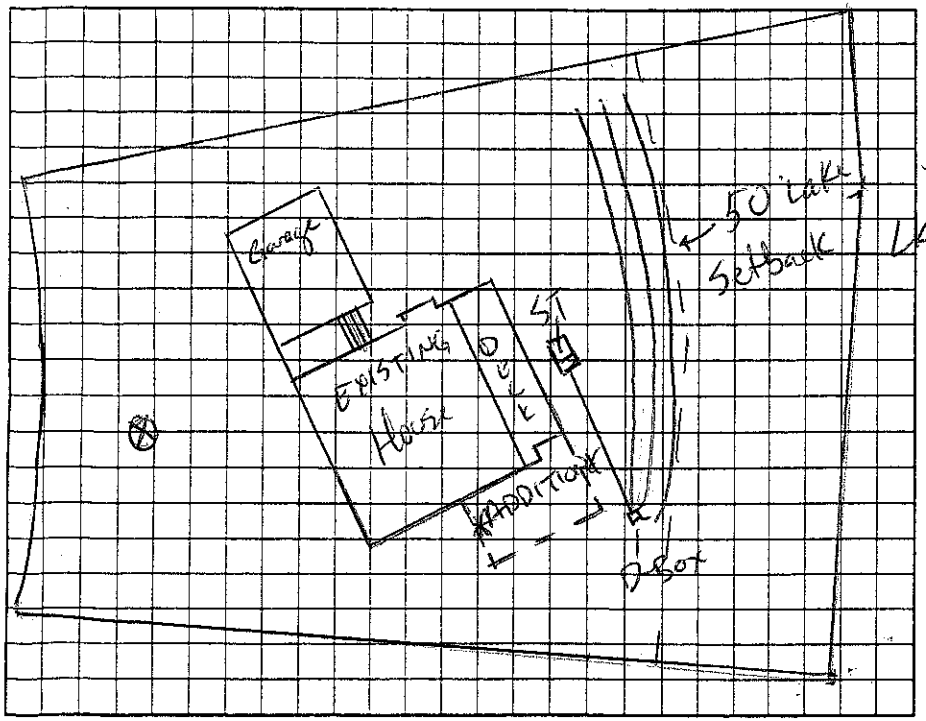
Water Supply: ☐ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Adding square footage, no additional septic field lines needed. Septic system appeared to be functioning properly

Comments:/Conditions: Original septic permit copy attached

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: Emory Atwater date 6/4/07 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Joseph E Allen date 6-4-07

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