IREDELL COUNTY HEALTH DEPARTMENT

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

Paid 175.00 10-30

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

PERMIT# 100613 PIN# ~~4635-43-6991~~ ~~4635-45-0657~~ 4635-43-6991 DATE 6/14/01

OWNER OR CONTRACTOR John Starr PHONE: Business 704-647-0316 Home

ADDRESS ~~Box~~ Isle of Pines Mooresville NC 28117

LOCATION Crawley Sch. & Isle of Pines on Rt at end

SUBDIVISION ~~Isle~~ of Pines BLOCK / SECTION 2 LOT 14 LOT AREA SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3+

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 90'

No Lines 2 @ 45' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Addition - 25% Reduction

Repair System Description:

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

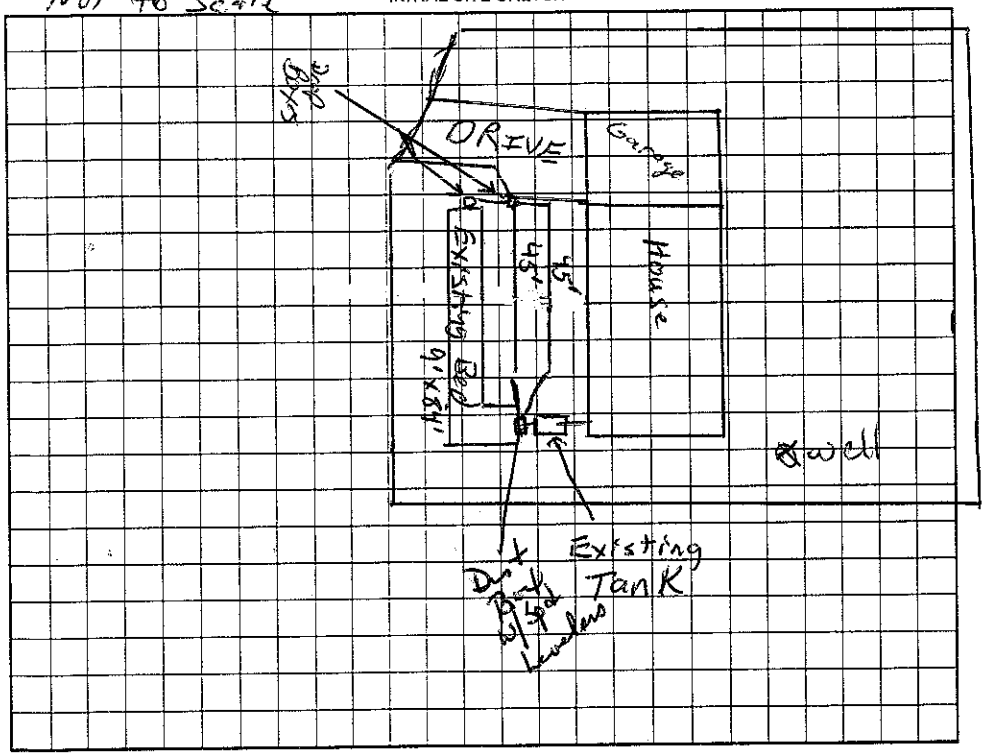
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Original system approved for 3 bedroom – additional system for 4 bedroom

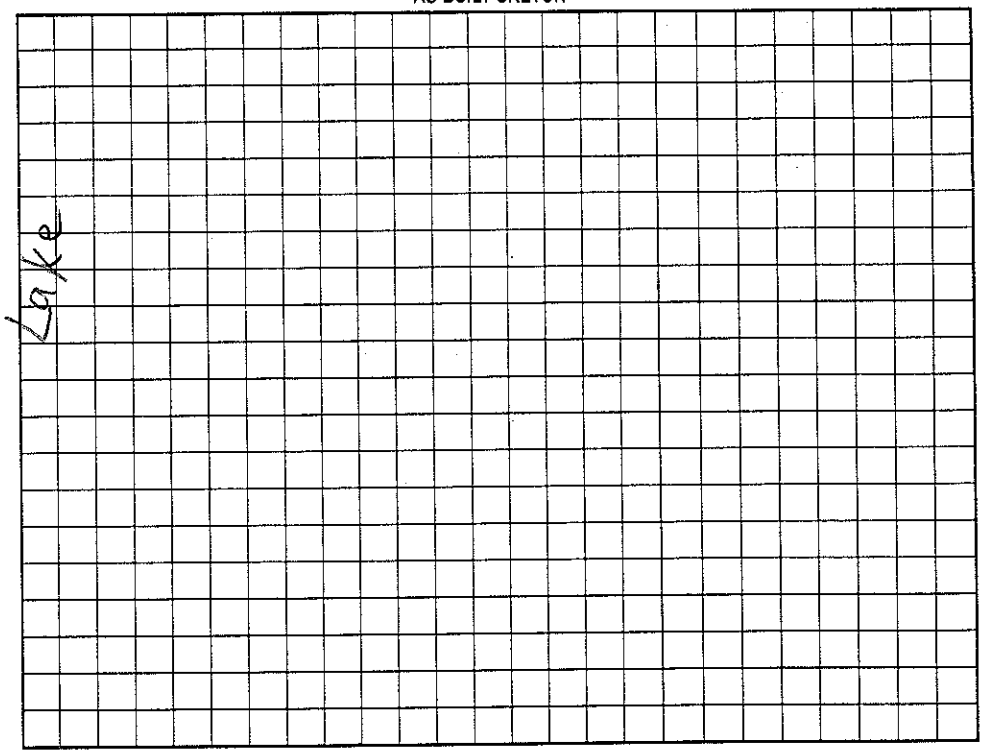
Comments:/Conditions:

Not to scale

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: Chris McNeely date 6-18-01

Improvement Permit by: RSI date 6/14/01

Authorization to Construct by: RSI date 6/14/01

Installed by: Nathaniel Barkley

Operation Permit by: Wesley Sparks R.S. date 1/10/02

Existing System Inspection by: date

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