IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078420 PIN# 4635802465 DATE 6/2/2000

OWNER OR CONTRACTOR Mammoth Land Investment PHONE: Business Paul Rollins 361-7993 Home

ADDRESS 101 Forest Hills Dr. Mt. Holly, NC 28120

LOCATION Laugtree Rd. TR Lake Shore Dr. on corner of Aqua Dr

SUBDIVISION Lake Shores BLOCK / SECTION 1 B/K A LOT 27 LOT AREA .52 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9/27/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 894' Linear Feet 298'
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Partial - Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No

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

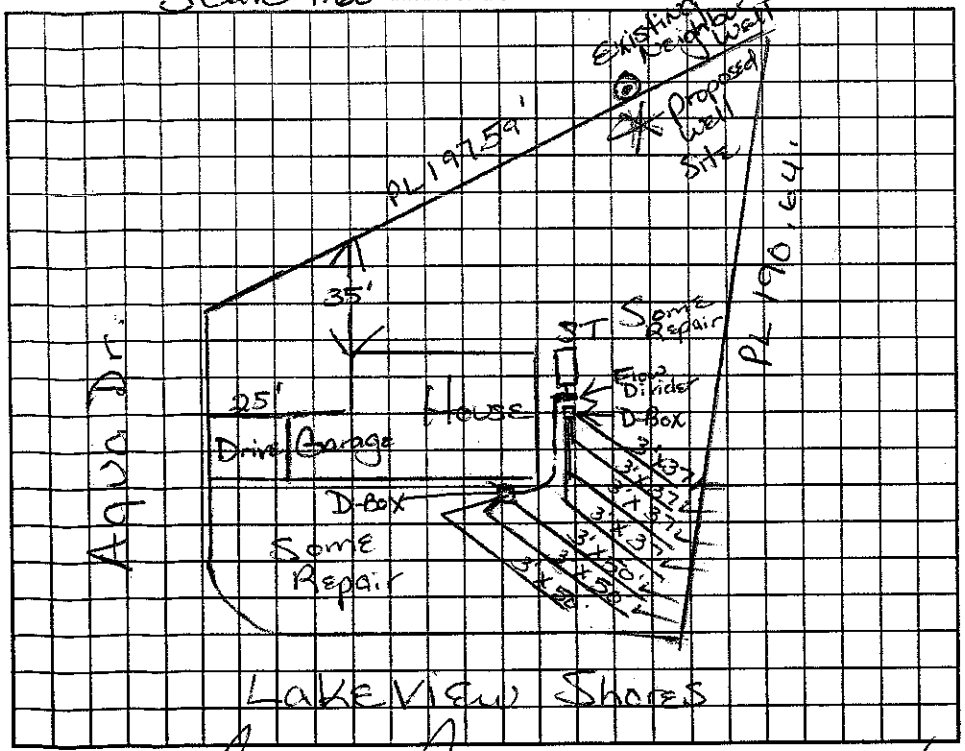
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL 5' from House & at least 50' from any well

Comments:/Conditions: Distribution of Drainfield = Flow Divider to 2 separate D-Boxes. Very tight fit, any alternations then Panel Blk will be required.

Scale 1"=60' 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: Paul A. Rollins date 6/14/00 Installed by: Steve Jordan

Improvement Permit by: Wesley Sparks RS date 6/14/00 Operation Permit by: Wesley Sparks RS. date 1/8/01

Authorization to Construct by: Wesley Sparks RS date 6/14/00 Existing System Inspection by: _____ date _____

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