IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110101 / 134074 PIN# ~~4636-25-5307.29~~ 4636251161 DATE May 23, 03

OWNER OR CONTRACTOR Ron Smith / EFC Assoc. INC. PHONE: Business _____ Home _____

ADDRESS 130 Lug Nut Rd. Mooresville NC 28117

LOCATION Brawley School TL Isle of Pines Rd. on left past jct with Pine Mist Dr.

SUBDIVISION Wispering Oaks BLOCK SECTION _____ LOT 29 LOT AREA .69Ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB ~~1012~~ 1012 Date 10/23/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 460

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: County 25% Reduction

Repair System Description: 12 PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

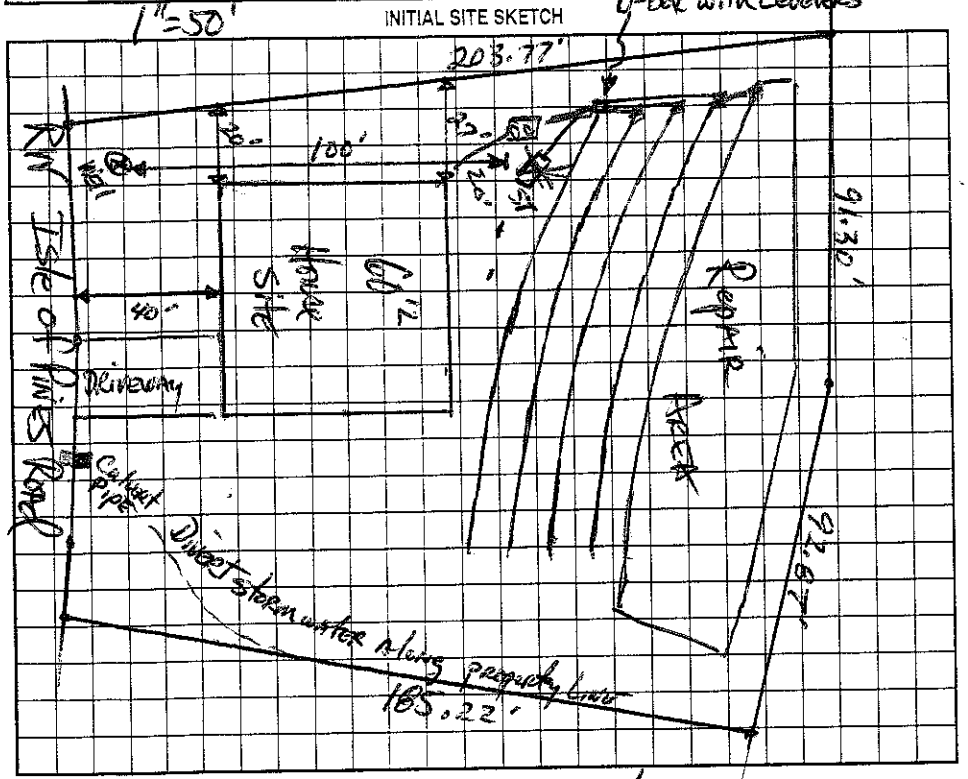
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Remove any old burms in septic system AREA. Divert stormwater from culvert pipe along right side property line.

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 6-5-03 Installed by: C+S Backhoe

Improvement Permit by: _____ date 5-23-03 Operation Permit by: Wesley Sparks RS. date 6/6/06

Authorization to Construct by: Wesley Sparks RS. date 3/28/06 Existing System Inspection by: _____ date _____

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