IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 MOORESVILLE 704-664-5281

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

PERMIT# 100185 PIN# 4636-25-5307.26 4636251397 DATE Sept 26, 03

OWNER OR CONTRACTOR Ron Smith / Victoria Development PHONE: Business _____ Home _____

ADDRESS 130 Log Nut Lane Mooresville NC. 28117

LOCATION Brawley School Rd. TL Isle of Pines TL Pine Mist Dr. on Right

SUBDIVISION Whispering Oaks BLOCK / SECTION _____ LOT 26 LOT AREA .69Ac SITE CLASS PS DESIGN FLOW 450gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 6/15/04 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI. ☑ House/Mod. Home No. Bedrooms 4 Water Supply: ☑ Individual

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Gravity 25% Reduction ☐ Mobile Home No. Bathrooms 3 ☐ Public

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: LPP BPS ☐ Business No. Employees _____ ☐ Community

Nitrification Field: No Fields 1 Square Feet 1700 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No initially ☐ Other _____

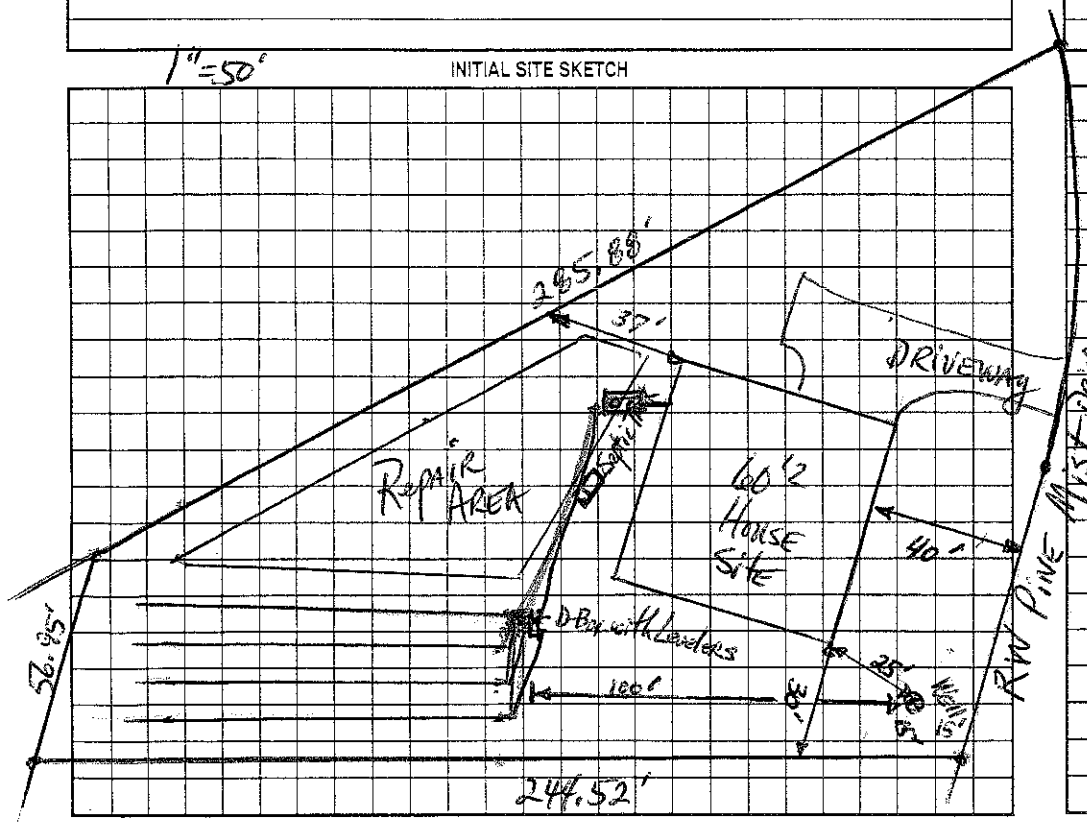
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions: Infiltrator installed

1"=50'

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: Ron A. Smith date 9-26-03 Installed by: Richard Abernathy

Improvement Permit by: _____ RS date 9-26-03 Operation Permit by: Wesley Sparks RS date 7/22/04

Authorization to Construct by: _____ RS date 3/1/04 Existing System Inspection by: _____ date _____

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