IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110049 PIN# 4636-25-5307.23 4636-25-3151 DATE Sept-22, 2004

OWNER OR CONTRACTOR Ron Smith / GEORGE CHURCH PHONE: Business ______ Home ______

ADDRESS 130 Log Nut Rd, Mooresville, N.C. 28117

LOCATION Brawley Sch Rd. TL Isle of Pines TL Pine Mist Dr. TR Misty Meadows Ct. on Right at end

SUBDIVISION Whispering Oaks BLOCK / SECTION ______ LOT 23 LOT AREA .69Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25 initial / .125 - LPP Repair

Septic Tank: 1000 Gallons; STB 312 Date 12/3/05
Pump Tank: 1000 Gallons; PT 293 Date 10/10/05
Pump Make: ______ Model WE60-511H Serial No. 0664549
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 @ 90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: pw 25% Reduction
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☒ No initially

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

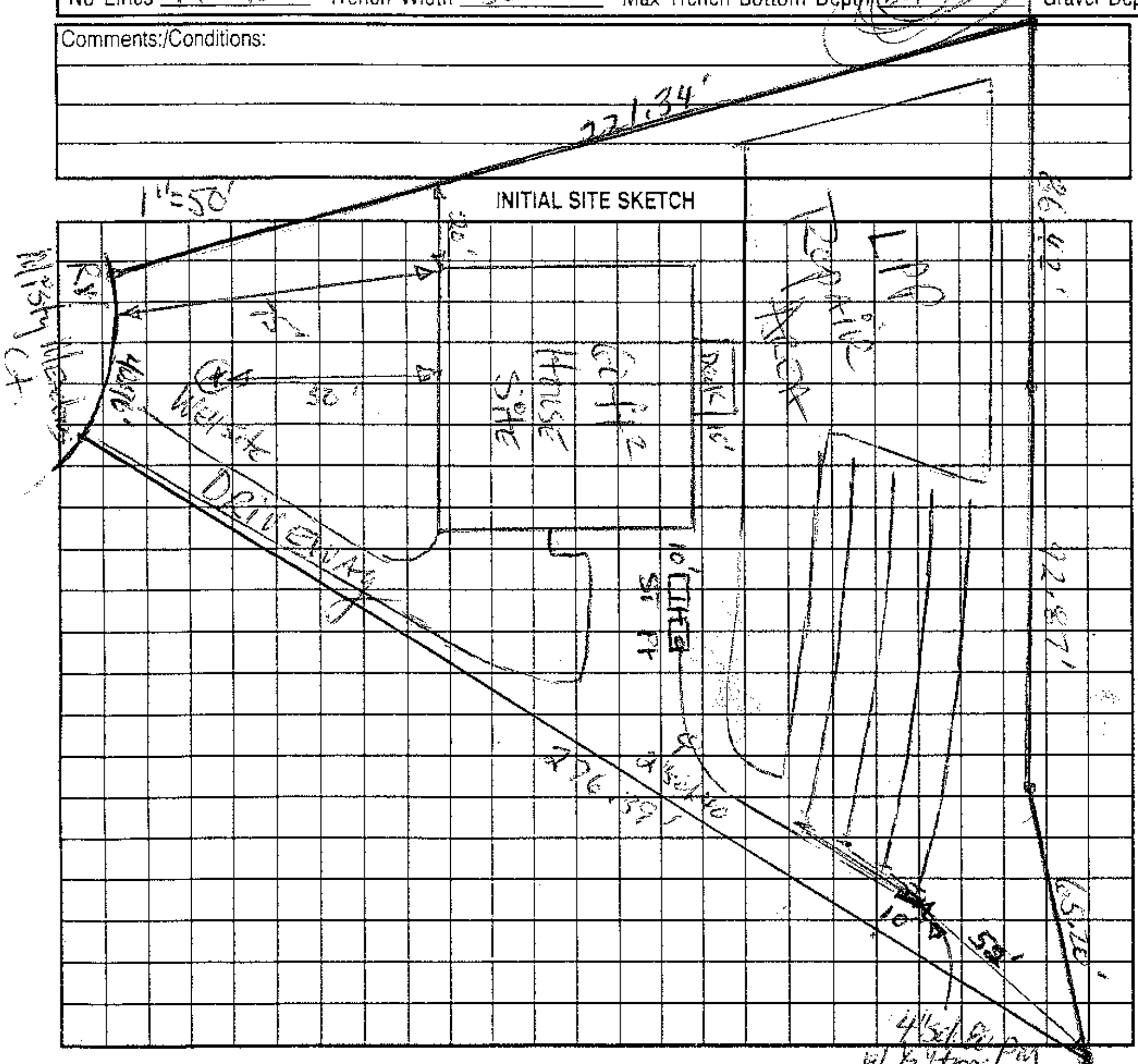
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions: [illegible] installed

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: Lisa Church date 3-15-05 Installed by: George Church

Improvement Permit by: [signature], RS date 9-22-04 Operation Permit by: [signature] RS. date 5/12/06

Authorization to Construct by: [signature] RS date 7/21/05 Existing System Inspection by: ______ date ______

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