IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110013 PIN# 4636-25-5307.7 4636255517 DATE June 4, 03

OWNER OR CONTRACTOR Ron Smith / Gabriel Varga PHONE: Business _____ Home _____

ADDRESS 792 McKendree Rd. Mooresville N.C.

LOCATION Brawley School Rd. TL Isle of Pines Rd. TL Pine Mist Dr. on left 137 Pine Mist Dr.

SUBDIVISION Wispering Oaks BLOCK / SECTION _____ LOT 7 LOT AREA .89 Ac SITE CLASS. PS DESIGN FLOW 400 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 3/12/04
Pump Tank: 1000 Gallons; PT 17 Date 2/2/05
Pump Make: Goulds Model WEO-511HH Serial No. D0573370
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: pm - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

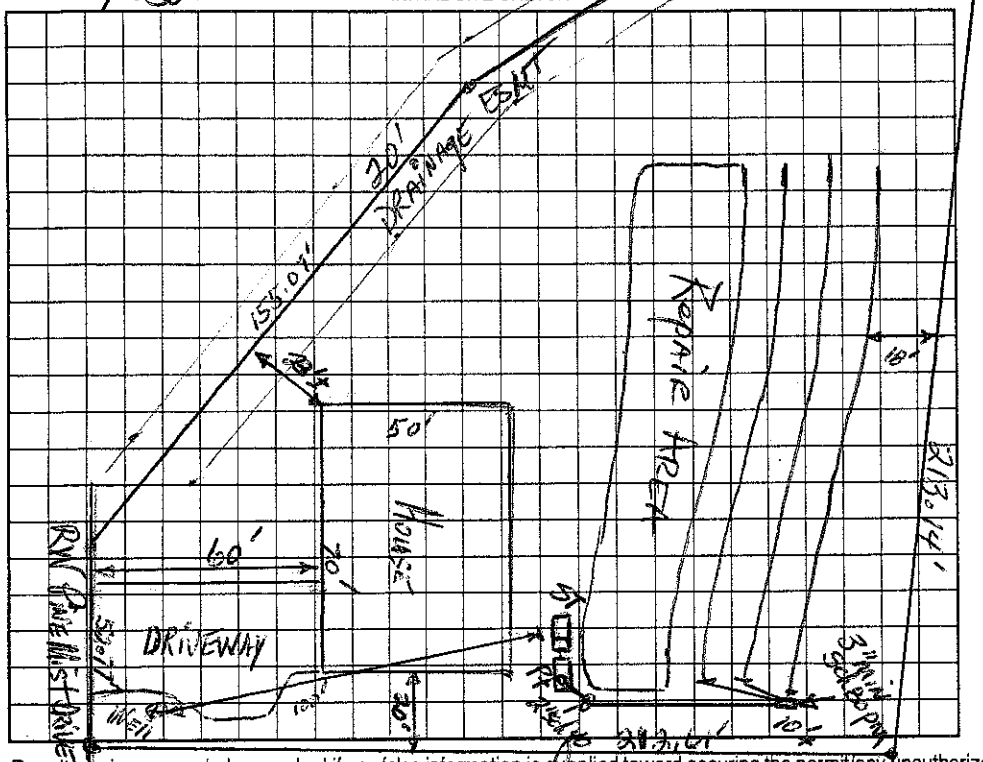
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
Remove any old burms in septic system area.

Comments:/Conditions:
Reviewed site plans & floor plans; essentially is compliance with Improvement Permit.

INITIAL SITE SKETCH 1"=50'



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: Tommy Frye

Improvement Permit by: _____ date 6-4-03 Operation Permit by: Wesley Sparks RS date 11/9/05

Authorization to Construct by: _____ date 9/1/04 Existing System Inspection by: _____ date _____

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