IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5[illegible]31

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

325 Paid 10.00

PERMIT# 110045 PIN# ~~4636-25-5307.19~~ 4636-25-6096 DATE Feb 6, 2004

OWNER OR CONTRACTOR Regan Smith / Ron Smith PHONE: Business _____ Home _____

ADDRESS 130 Luguist Lane Mooresville, NC. 28117

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

SUBDIVISION Whispering Oaks BLOCK / SECTION _____ LOT 20 LOT AREA .69 AC SITE CLASS BS DESIGN FLOW 360gpd L.T.A.R. .25 / .125 LPP Repair

Septic Tank: 1000 Gallons; STB 312 Date 5/15/04

Pump Tank: 1000 Gallons; PT 283 Date 6/14/04

Pump Make: ~~Myers~~ Model ~~ME 505-H~~ ME505-H Serial No. D6 04

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240

No Lines 3 Trench Width 24" @ 6' oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3½ No. Employees ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

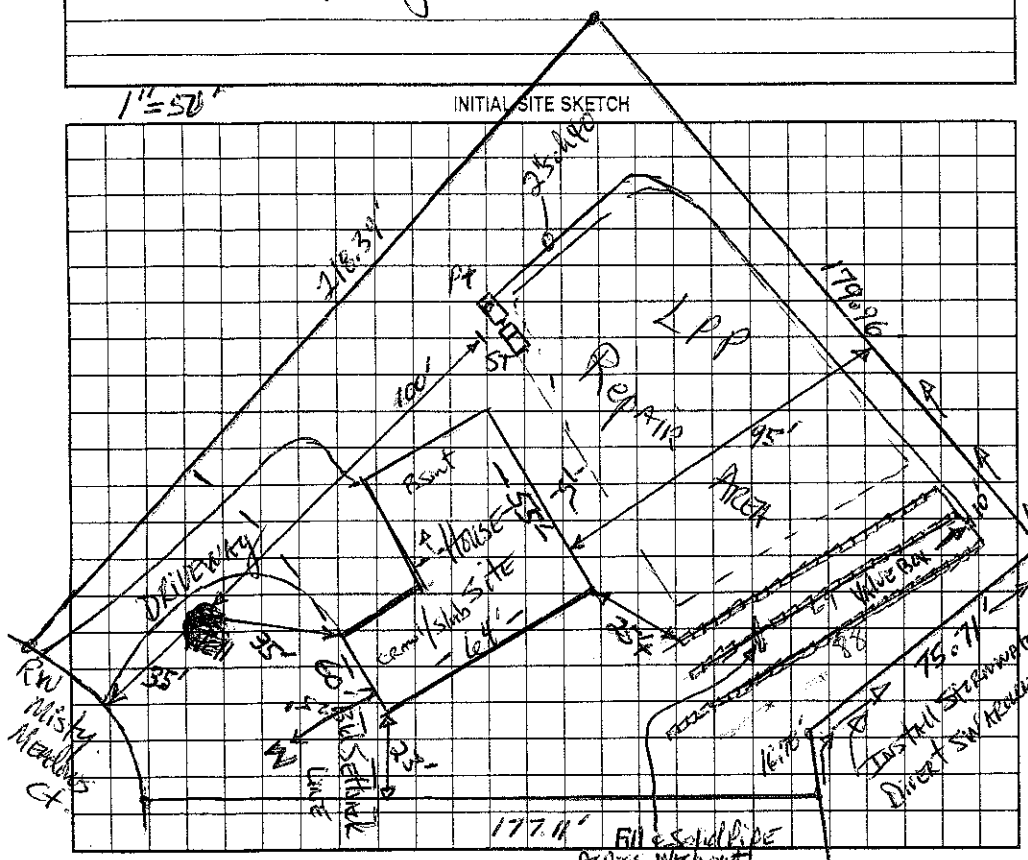
Comments:/Conditions: Pump Myers ME505-H

Comments:/Conditions: ~~88~~ 89 ~~FM~~ FM

Lines & tanks checked by WS
Pressure checked 9/1/04 mm

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

★ Need to add to PT riser to keep 6 inches above finished grade

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 2-9-04 Installed by: R. Smith RS

Improvement Permit by: _____ date 2-6-04 Operation Permit by: _____ date 9/2/04

Authorization to Construct by: _____ date 2-6-04 Existing System Inspection by: _____ date _____

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