IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130085 PIN# 4636 50 0578 DATE 7/17/06

OWNER OR APPLICANT David Hunter PHONE: Business 704 873 0873 Home 704 664 6598

ADDRESS 126 Peninsula Drive Mooresville, NC. 28117 704 875 1656

LOCATION 1190 TL Stutts Rd. TR Marina Dr. on L at cul de sac

SUBDIVISION Chenwood Park BLOCK / SECTION ____ LOT 252 LOT AREA .311 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 LTAR

Septic Tank: 1000 Gallons; STB 194 Date 8-7-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: GRAVITY -> 25% Reduction

Repair System Description: < 83 Recorded

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: [ ] Individual [ ] Public [X] Community

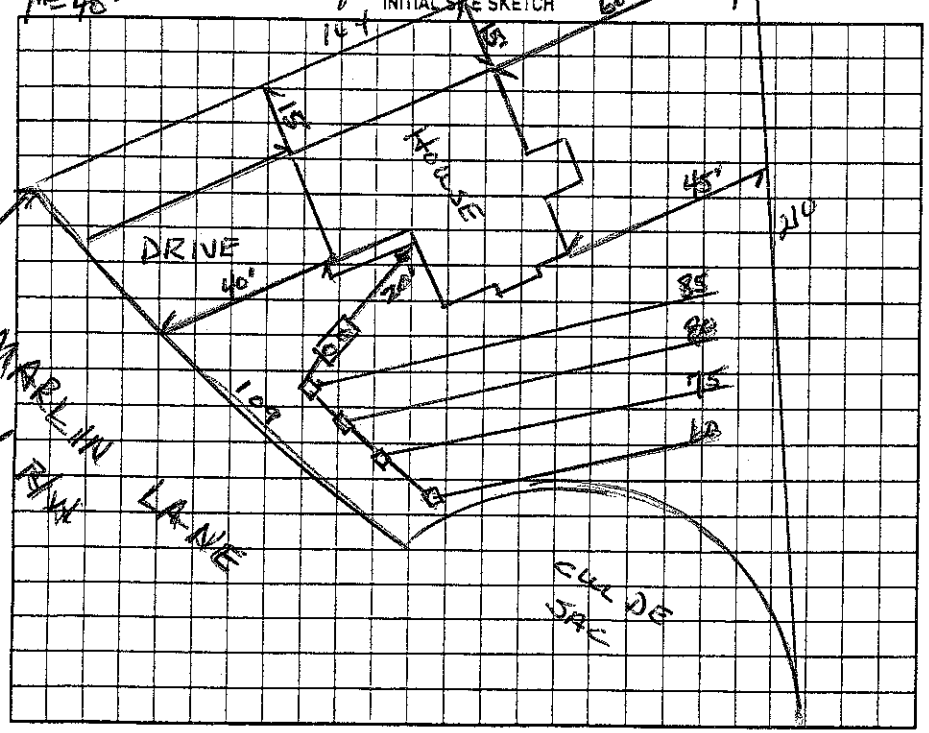
Gravel Depth NA [X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions: Repair Exempt Lot. 1945 Tight lot no variance is possible. Smooth embankment at lower front of lot; Any foundation drains must be routed off drainfield area; Finish slope to drain

Comments:/Conditions: over drainfield area. Cutter drains must be routed off drainfield area.

INITIAL SITE SKETCH

1"=40'



AS BUILT SKETCH

Installed Quick-4 as Drawn 4@75' ea.

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: [signature] date 7-19-06

Improvement Permit by: Wesley Sparks RS. date 7/17/06

Authorization to Construct by: Wesley Sparks RS date 7/17/06

Installed by: R&H date ____

Operation Permit by: Maria H. Dolan RS. date 12/14/06

Existing System Inspection by: ____ date ____

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