2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152311 PIN# 4636-62-6678 DATE 9-11-08

OWNER OR APPLICANT JEAN GUESS PHONE: Business 704-650-9959 ~~Home~~ Jean Guess

ADDRESS 830 Big Indian LP Mooresville NC 28117

LOCATION Brawley Sch Rd, Stutts, TL Norman Woods, TR Woolstream TL Jase Ct. in culde sac

SUBDIVISION Norman Woods BLOCK / SECTION _____ LOT 65 LOT AREA 1.75Ac SITE CLASS. PS DESIGN FLOW 460 L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 794 Date 2-6-09

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Gravity 25% Red.

Repair System Description: LP-Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

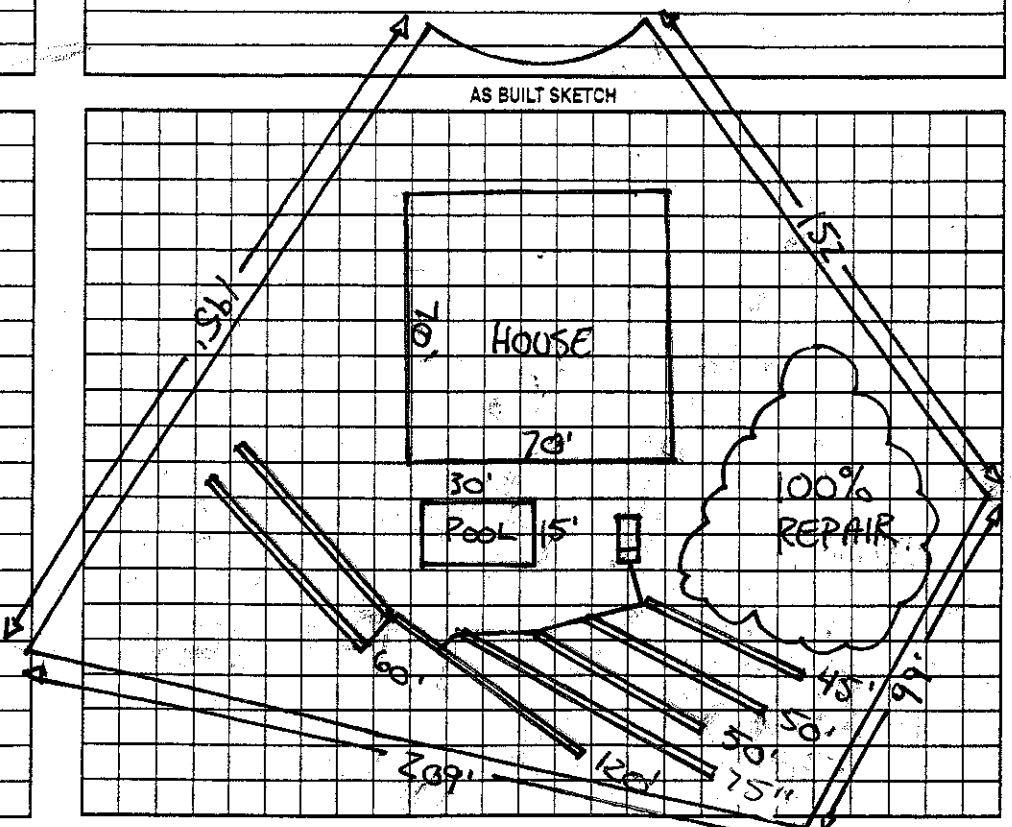
Comments:/Conditions: 1) Install per plan specs 2) Maintain setbacks

Comments:/Conditions:

INITIAL SITE SKETCH

400' OF ARC 36 INSTALLED ? JA

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 9-12-08 Installed by: RICHARD ABERNATHY

Improvement Permit by: _____ date 9-11-08 Operation Permit by: _____ date 4-17-09

Authorization to Construct by: _____ date 9-19-08 Existing System Inspection by: _____ date _____

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