IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281 Called in 12/15/03

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

PERMIT# 112704 PIN# ~~4636 95 5388~~ 4636958046

OWNER OR CONTRACTOR S+L Homes Inc.

ADDRESS PO Box 4509 Mooresville, NC. 28117 PHONE: Business 704-662-8467 Home

DATE 6/30/03

LOCATION 1100 TL Conversback TL Mandarin on (L) B4 cul de sac 1163 MANDARIN DR.

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 15 LOT AREA .69Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make SC58AW3 Model Serial No.

Nitrification Field: No Fields 1 Square Feet 536* Linear Feet 268*

No Lines ~~4 6~~ 6 Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: GRAVITY - 16" PPB PS

Repair System Description: PRESSURE - 16" PPBPS

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees

[ ] Other

[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

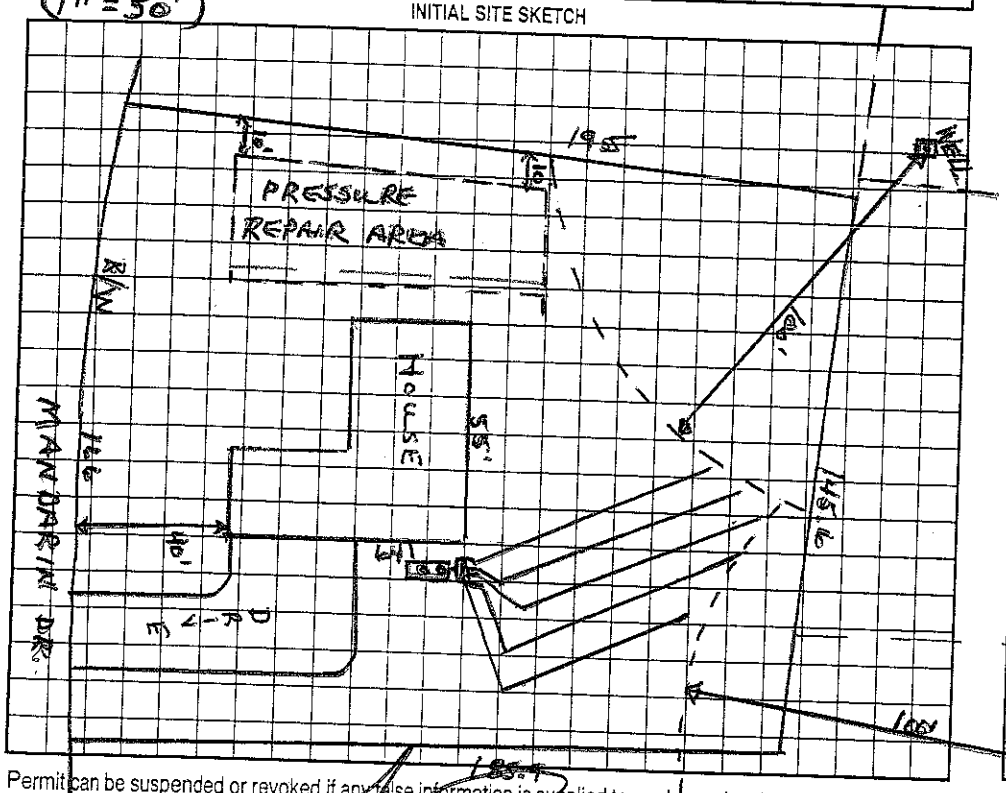
Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions:

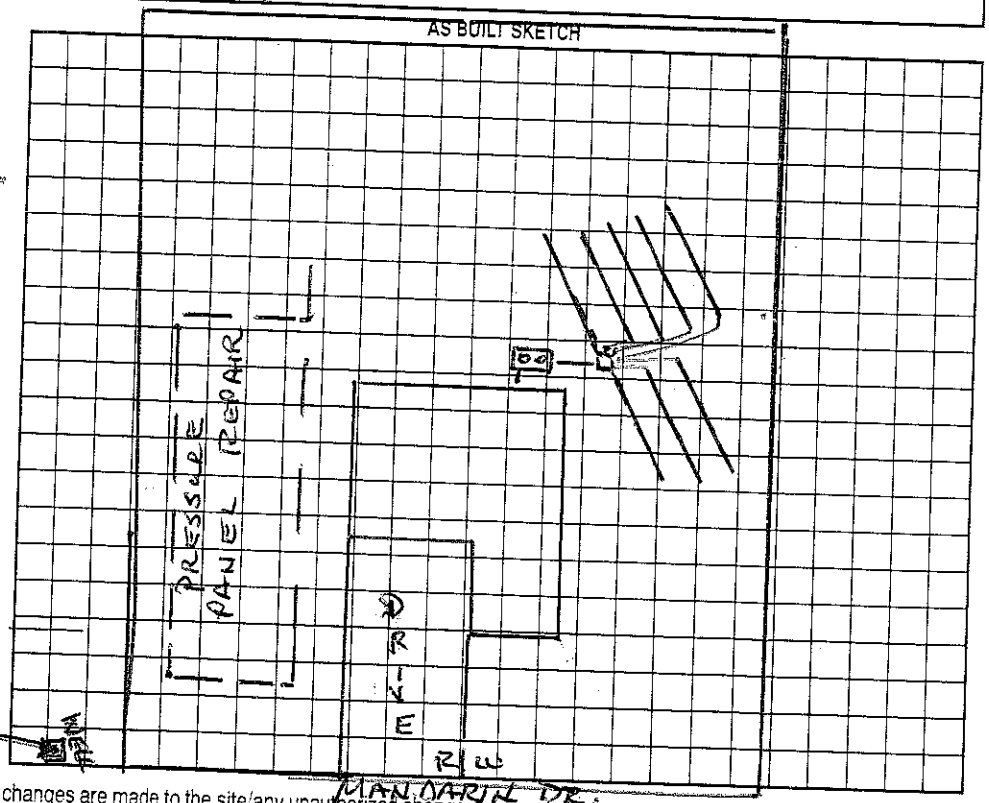
Comments:/Conditions:

(1" = 50')

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: * date 7/3/03

Improvement Permit by: Wesley Sparks R.S. date 6/30/03

Authorization to Construct by: Wesley Sparks R.S. date 6/30/03

Installed by: Richard Abernathy

Operation Permit by: Wesley Sparks R.S. date 12/15/03

Existing System Inspection by: date

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