IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100386 PIN# 4637443863 Kimerly James DATE 5/31/2001

OWNER OR CONTRACTOR ~~James English~~ Kimberly ~~James~~ Thomas PHONE Business _____ Home 896-0646

ADDRESS 146 Carson's Place Mooresville NC 28117

LOCATION Hwy 150 W. TL Doolie Rd TR Whipporwill ~ 1/2 mile on right

SUBDIVISION Whippoorwill Woods BLOCK / SECTION _____ LOT 34 LOT AREA 1.4 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-6-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Gravity - Conventional
Repair System Description: Gravity - Innovative
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12"

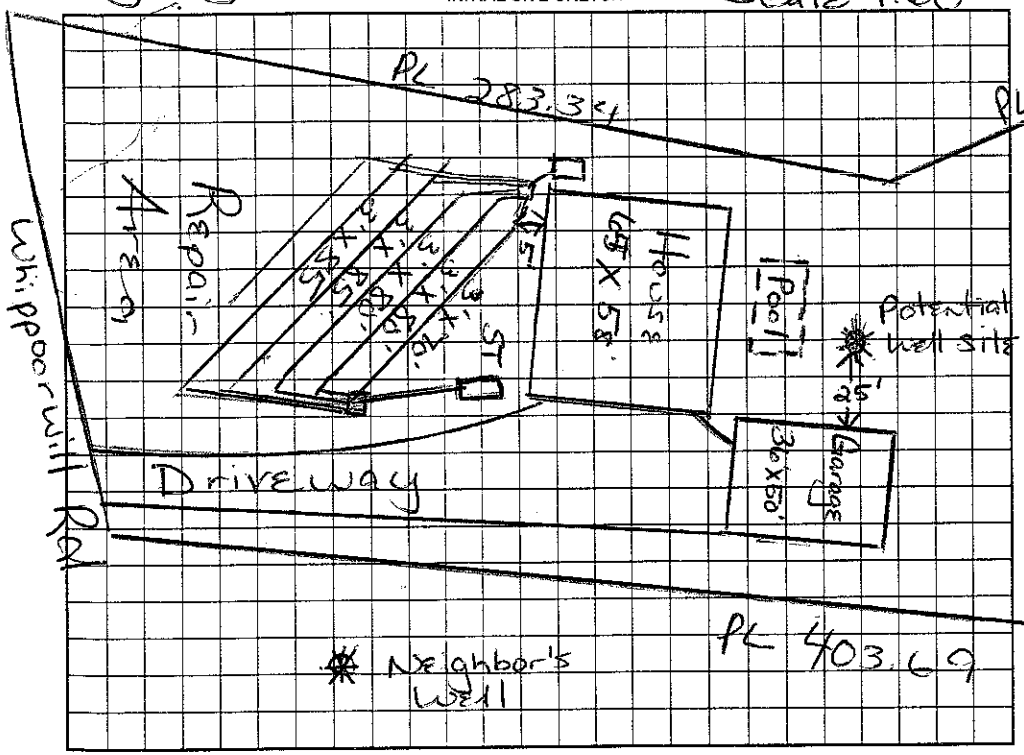
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

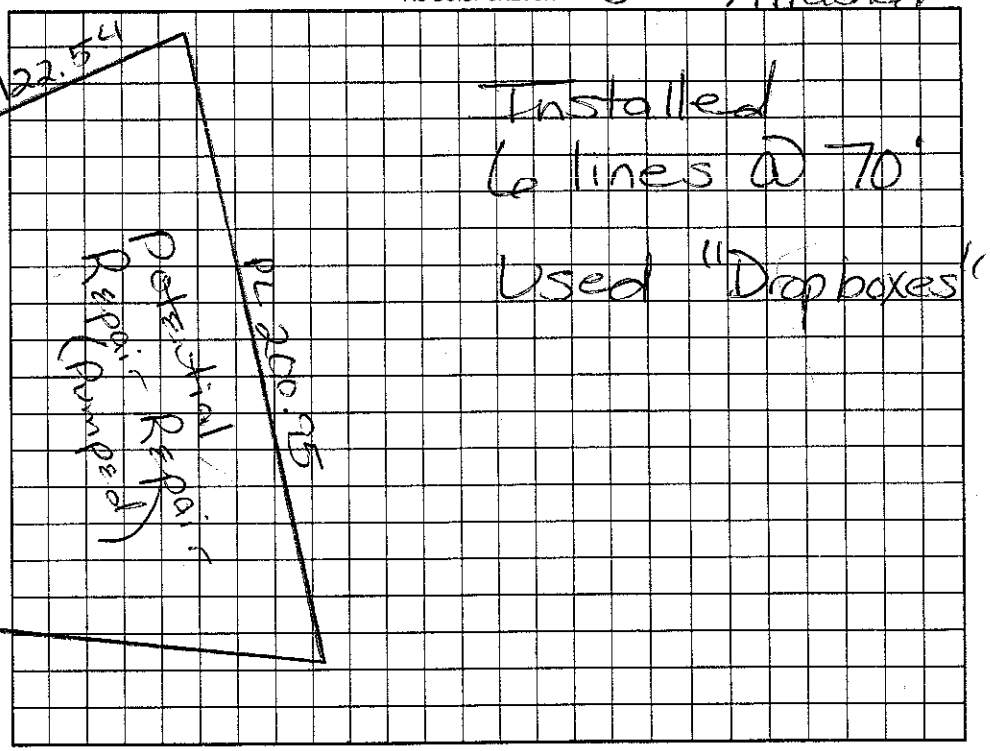
Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from house & 50' from any well. Keep well 25' from house & garage & 50' from Septic System.

Comments:/Conditions: Install "drop boxes".

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH – See Attached



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: Sheila English date 5/31/01 Installed by: CD Rosenagan

Improvement Permit by: Maria H. Dotson RS date 5/31/2001 Operation Permit by: Maria H. Dotson RS date 10/9/2002

Authorization to Construct by: Maria H. Dotson RS date 5/31/2001 Existing System Inspection by: _____ date _____

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

As Built

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100386 PIN# 4637443863 DATE 10-11-2002

OWNER OR CONTRACTOR James English PHONE: Business _____ Home 896-0646

ADDRESS 146 Carson's Place Mooresville, NC 28117

LOCATION Hwy 150 W TL Doolie Rd TR Whippoorwill ~ 1/2 mile on right

SUBDIVISION Whippoorwill Woods BLOCK / SECTION _____ LOT 34 LOT AREA 1.4 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-6-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6@69 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

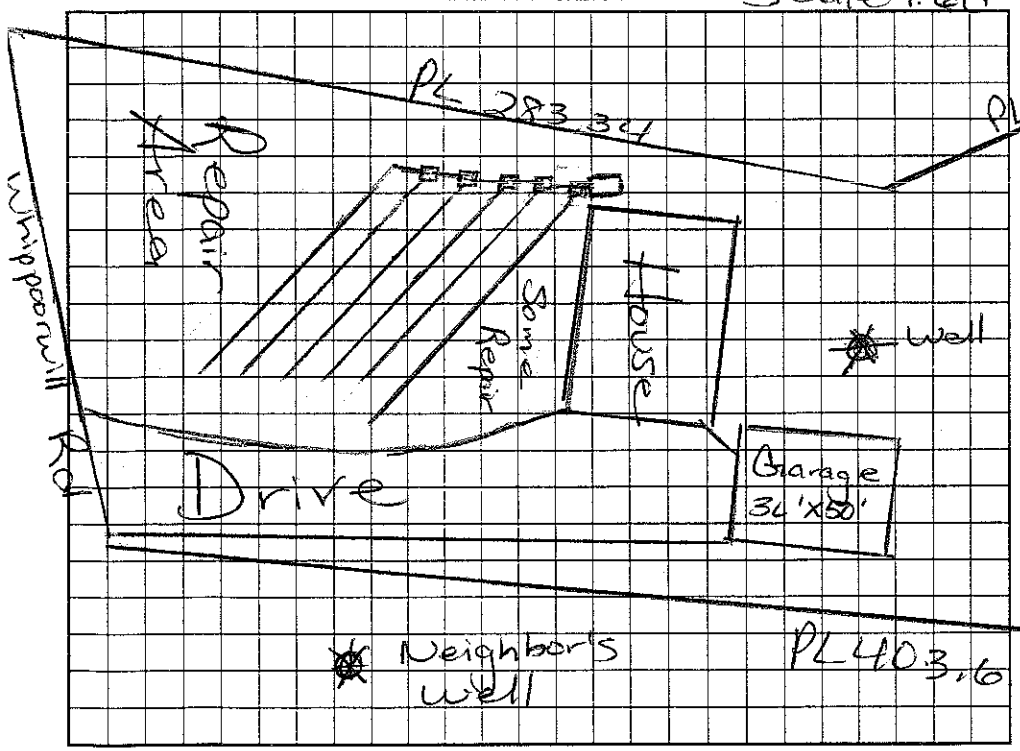
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

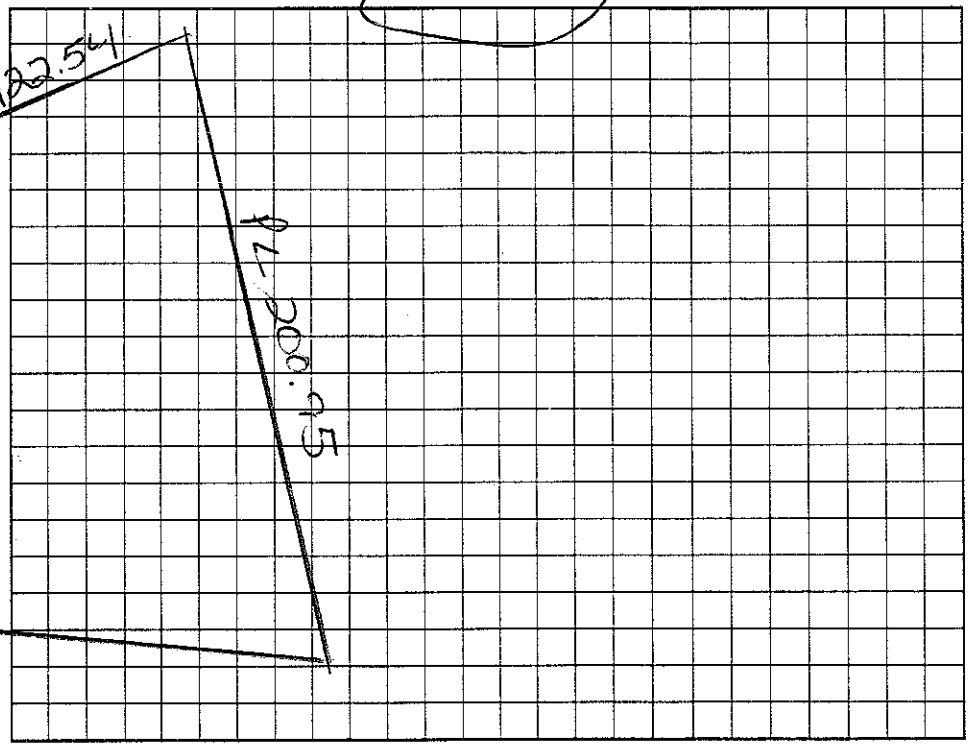
Comments:/Conditions:

Comments:/Conditions: Installed 6 lines ~ 69' each with Drop boxes

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH



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Signed: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: C.D. Roseman

Operation Permit by: Maria H. Dotson RS date 10/11/02

Existing System Inspection by: _____ date _____

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