1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 18205 PIN# part of 2PC15 4637564241 DATE Dec. 3, 199

OWNER OR CONTRACTOR DAN Butler PHONE: Business 664-3097, 309-5834 Home

ADDRESS 1219 River Hwy Mooresville

LOCATION 150 W. of Doolie Rd. on Right AT JCT. w/ Purple Finch

SUBDIVISION Whippoorwill Woods BLOCK / SECTION 2 LOT 18 LOT AREA 30,116 ft² SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 1140 Date 7-20-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 6 @ 100' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY INNOVATIVE-25% Red. STONE
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

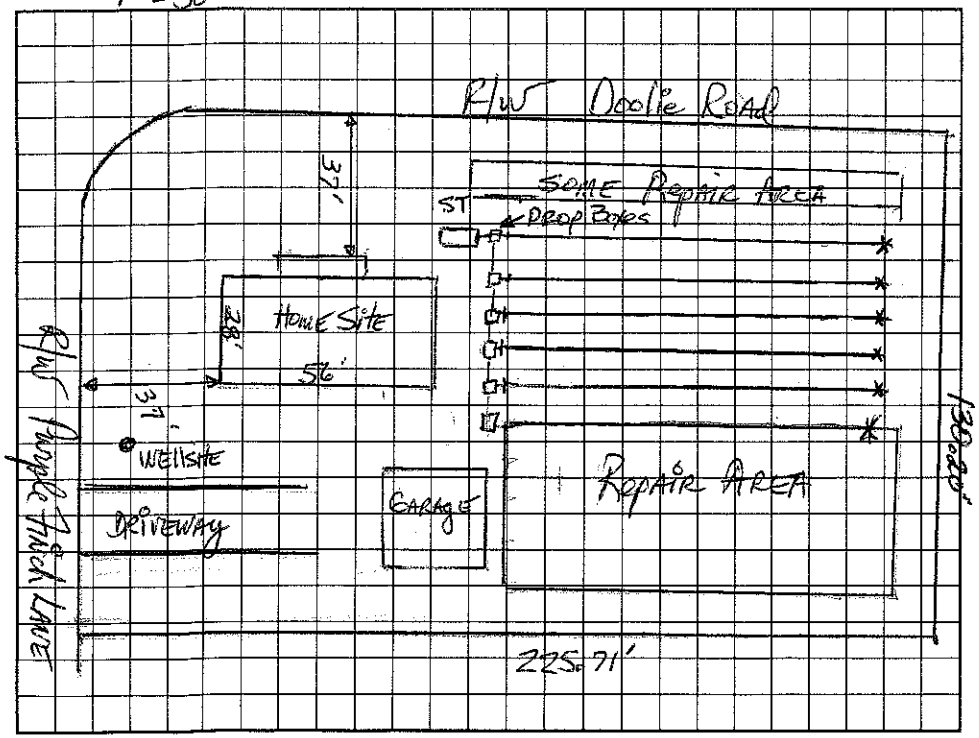
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL

This PERMIT Replaces previous permit issued to Genesis Dev. Ltd.

Comments:/Conditions: Riser & Filter installed
Well installed as drawn.
First 2 lines a little shorter (6 lines installed total)

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

EZ Lay Installed

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 12/6/99 Installed by: Larry Reep & Son

Improvement Permit by: Dave Johnson, RS date 12-3-99 Operation Permit by: Mark Hickerson, RS date 3/6/2000

Authorization to Construct by: Dave Johnson, RS date 12-3-99 Existing System Inspection by: ____ date ____

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