IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12171 PIN# 4637-57-4439 DATE 7/27/04

OWNER OR CONTRACTOR Walter J. Estes III PHONE: Business — Home (704)489-9499

ADDRESS 123 Mariner Point Lane, Mooresville N.C. 28115

LOCATION Hwy 150 West, Left on Doolie, 1st Lot on right past Lake Norman High School

SUBDIVISION Timber Creek BLOCK / SECTION ____ LOT 4 LOT AREA .574 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 7/27/04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines ~~80~~ Trench Width 36 Max Trench Bottom Depth 28" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ~~II~~ III, V, VI
System Description: Gravity Conventional
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

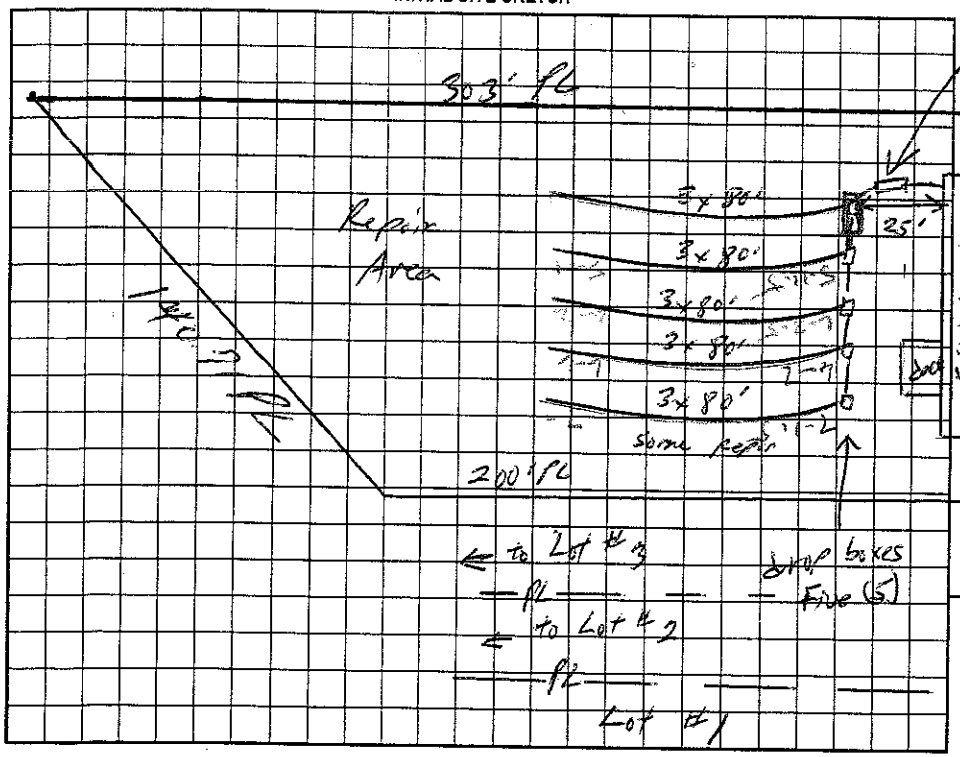
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community well

Comments/Conditions: (4) ① Keep well 100ft from septic system

Comments:/Conditions: Accepted System ~300' of Plastic INSTALLED - Quick Installed

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 8/6/04 Installed by: Tony Fraze

Improvement Permit by: William O. Johnson date 7/27/04 Operation Permit by: Wendy Sparks R.S. date 8/03/05

Authorization to Construct by: William O. Johnson date 7/29/04 Existing System Inspection by: ____ date ____

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