4100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082818 PIN# ~~4637 59 7066 PT.~~ 4637 59 8117 DATE 8/3/99

OWNER OR CONTRACTOR Piedmont Marine PHONE: Business 664-5195 Home

ADDRESS 107 Doolie Rd. Mooresville, NC. 28117

LOCATION 150 W TL Doolie Rd. on (R) behind Dock Business

SUBDIVISION No BLOCK / SECTION LOT No LOT AREA ~1.9Ac SITE CLASS. RS DESIGN FLOW 150 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 12-30-00
Pump Tank: Gallons; PT Date
Pump Make: Model 900 Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms
[ ] Mobile Home No. Bathrooms
[X] Business No. Employees 4
[ ] Other

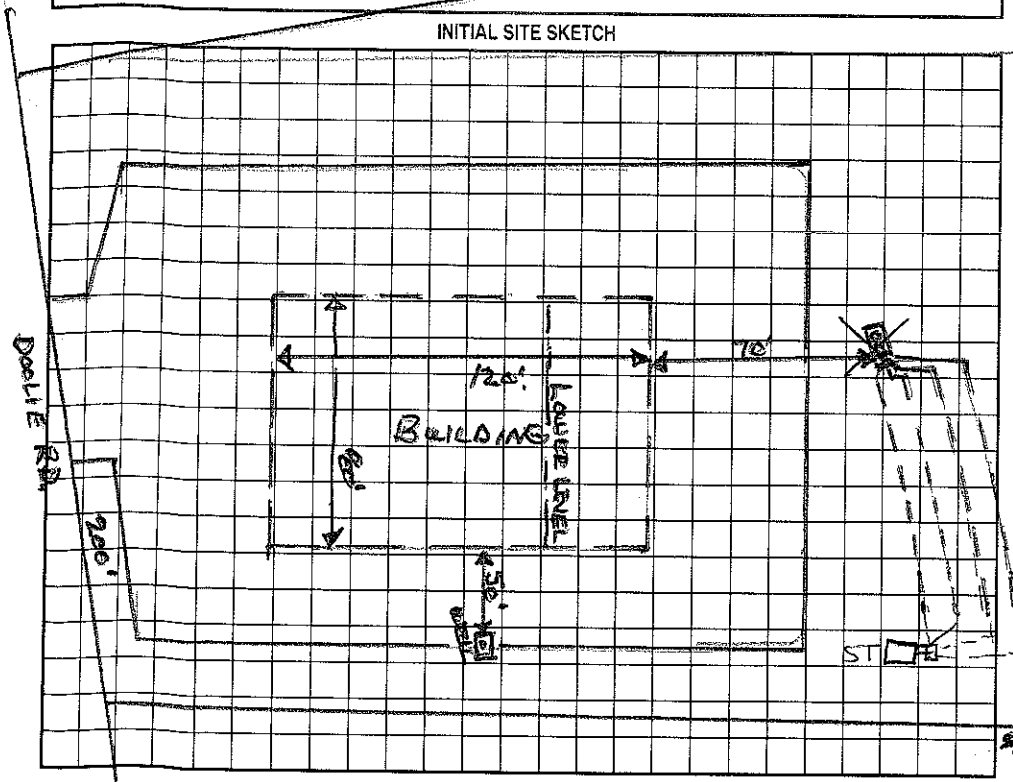
[X] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

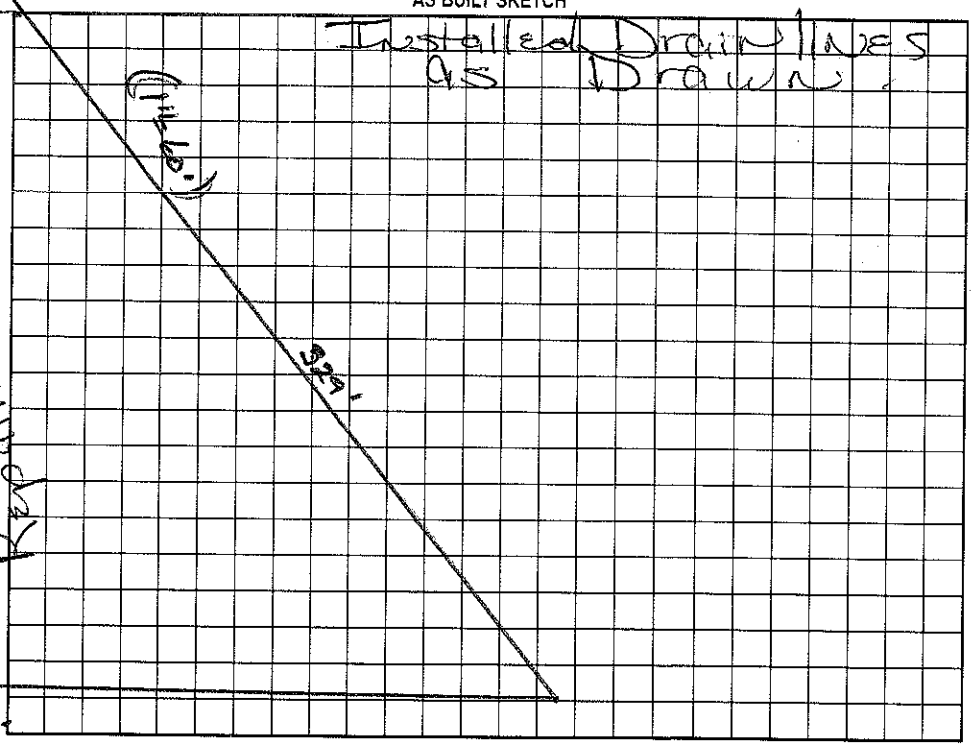
Comments:/Conditions: There a riser installed well not installed at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Drain Lines as Drawn.



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: [signature] date 8/13/99

Improvement Permit by: Wesley Sparks RS. date 8/3/99

Authorization to Construct by: Wesley Sparks RS. date 8/3/99

Installed by: OK Excavating

Operation Permit by: Maria H Watson RS date 3/28/2001

Existing System Inspection by: date

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