IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 4-878-5505 150.00 Paid 11:00 MOORESVILLE 704-664-5281

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

PERMIT# 111579 PIN# 4637-68-9492 DATE 3/18/03

OWNER OR CONTRACTOR Mark McConnell PHONE: Business _____ Home 704-799-9854

ADDRESS 136 Sunrise Cir Mooresville NC 28117

LOCATION 150 W, TL Kendra on (RT) Rt.

SUBDIVISION Doolie Meadows BLOCK / SECTION _____ LOT 1 LOT AREA 0.6 Ac SITE CLASS PS DESIGN FLOW 225* L.T.A.R. 0.3

Septic Tank: Exist. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 120' Add. Linear Feet 40' Add.

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Conventional

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other Dentist office

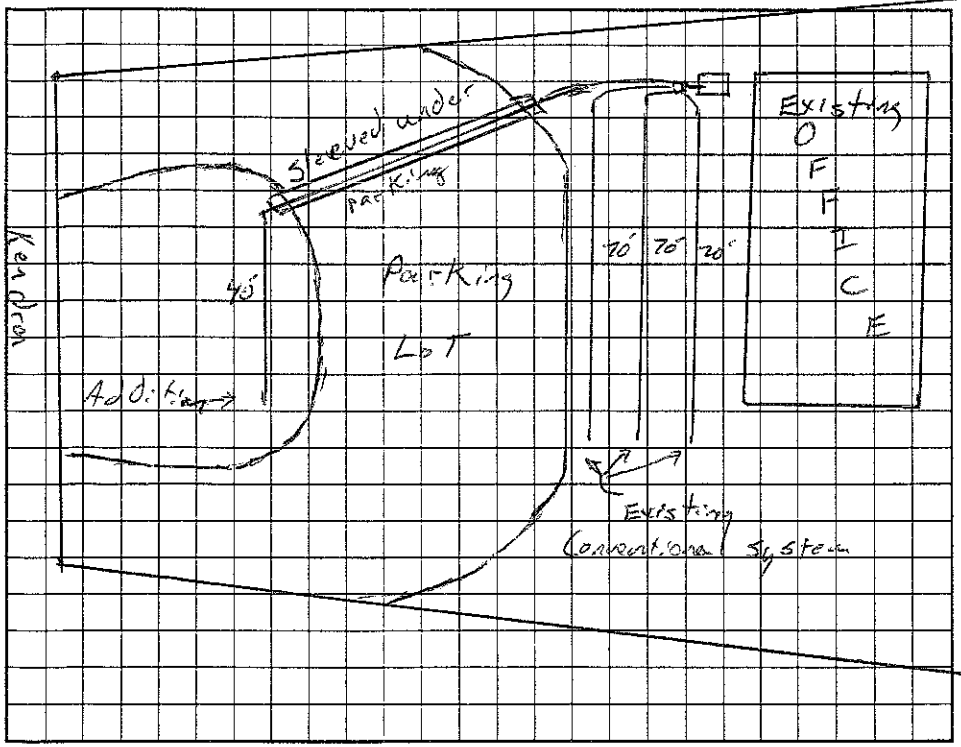
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

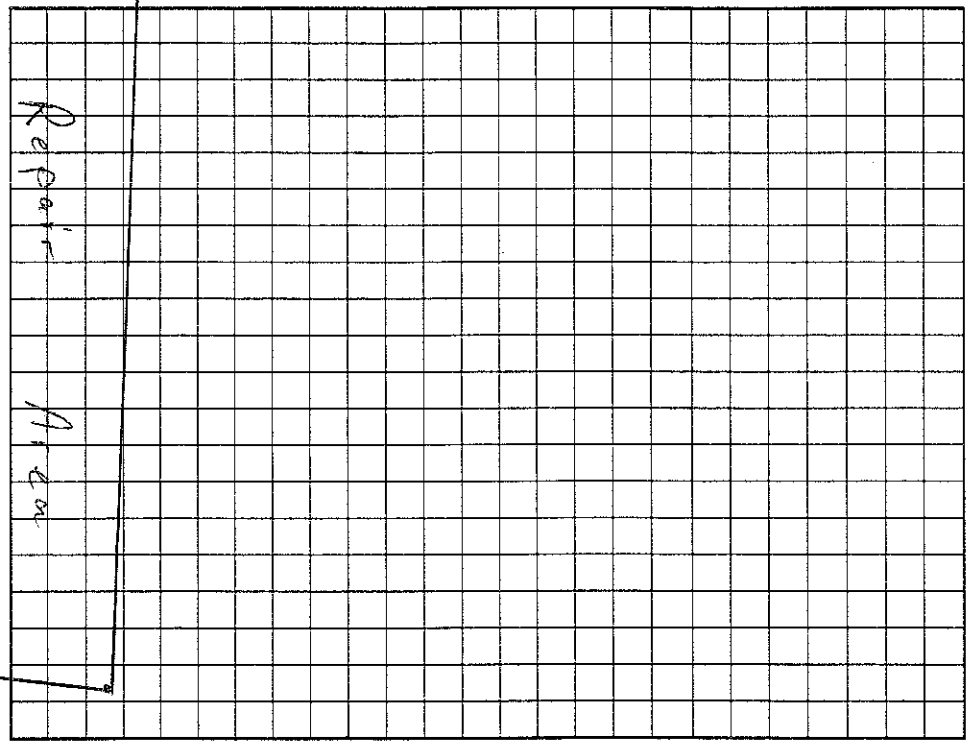
Comments:/Conditions:

Comments:/Conditions: * Design Flow based on using Waterless Vacuum System & Digital X-Rays (see Attached letter From Joe Pearce) staff 3 Patients 8-10 / day

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: Mark E. McConnell date _____ Installed by: CAROLINA FLATWORKS

Improvement Permit by: RS date 3/18/03 Operation Permit by: RS date 12/23/03

Authorization to Construct by: RS date 3/18/03 Existing System Inspection by: _____ date _____

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