IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 095769 PIN# 4638381684 94 DATE 5-10-2001

OWNER OR CONTRACTOR Michael & Tina Orr PHONE: Business 609-3008 Home (704) 875-3521

ADDRESS 4013 Mozart Ct. Charlotte, NC 28269

LOCATION Perth Rd North TL Fern Hill TL 2nd Keway Loop ~ 1/4 mile on right (next to #579)

SUBDIVISION CL&T (Duke) BLOCK / SECTION 15 LOT 45 LOT AREA .74 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10/30/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet * 900' Linear Feet 300'

No Lines 6 at 50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Partial - Lot created/platted prior to 1982

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

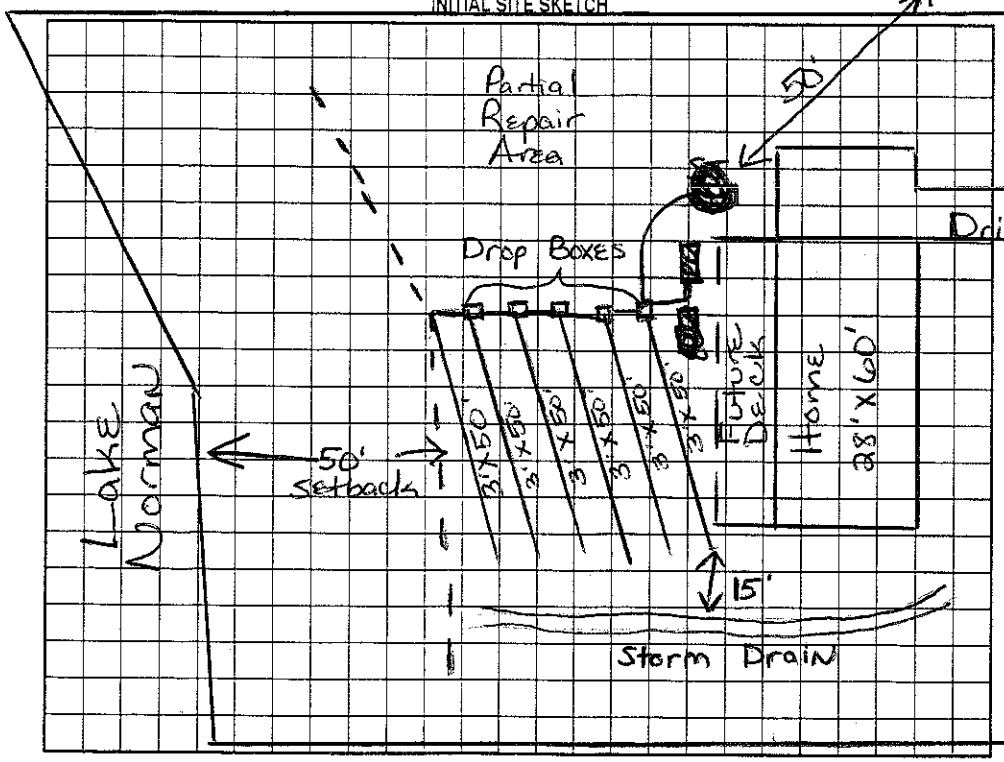
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

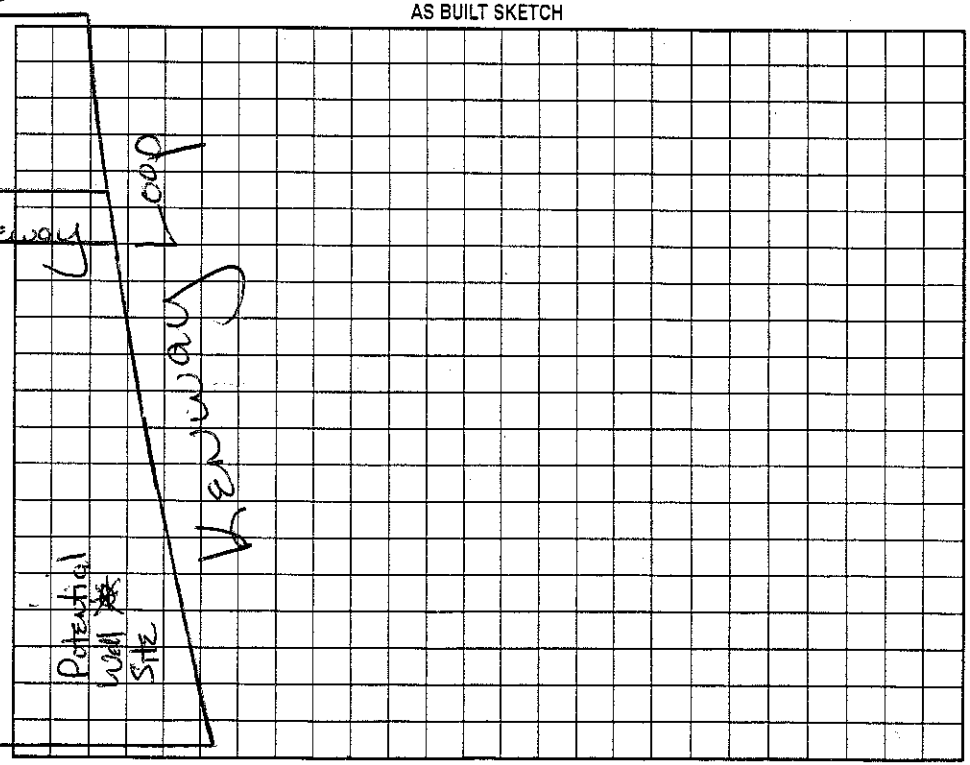
Comments:/Conditions: * 25% Reduction in Drainfield area. Keep Septic System at least 10' from PL, 50' from lake and 50' from any well.

Comments:/Conditions:

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: Tina C. Orr date 5-10-01 Installed by: Dave Clark

Improvement Permit by: Maria H. H. Dotson R.S. date 5/10/2001 Operation Permit by: Wesley Sparks R.S. date 6/1/01

Authorization to Construct by: Maria H. H. Dotson R.S. date 5/10/2001 Existing System Inspection by: _____ date _____

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