3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4603849 8850 DATE

OWNER OR APPLICANT W.E. Younts Jr. PHONE: Business Home

ADDRESS 129 Dearborn Ln Mooresville NC 28117

LOCATION Perth / TL Stumpy Creek TL Dearborn, at End

SUBDIVISION CLAT BLOCK / SECTION 14 LOT 113 LOT AREA SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. —

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet * Linear Feet *

No Lines * Trench Width * Trench Bottom Depth 36" Gravel Depth 24"

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI

System Description:

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

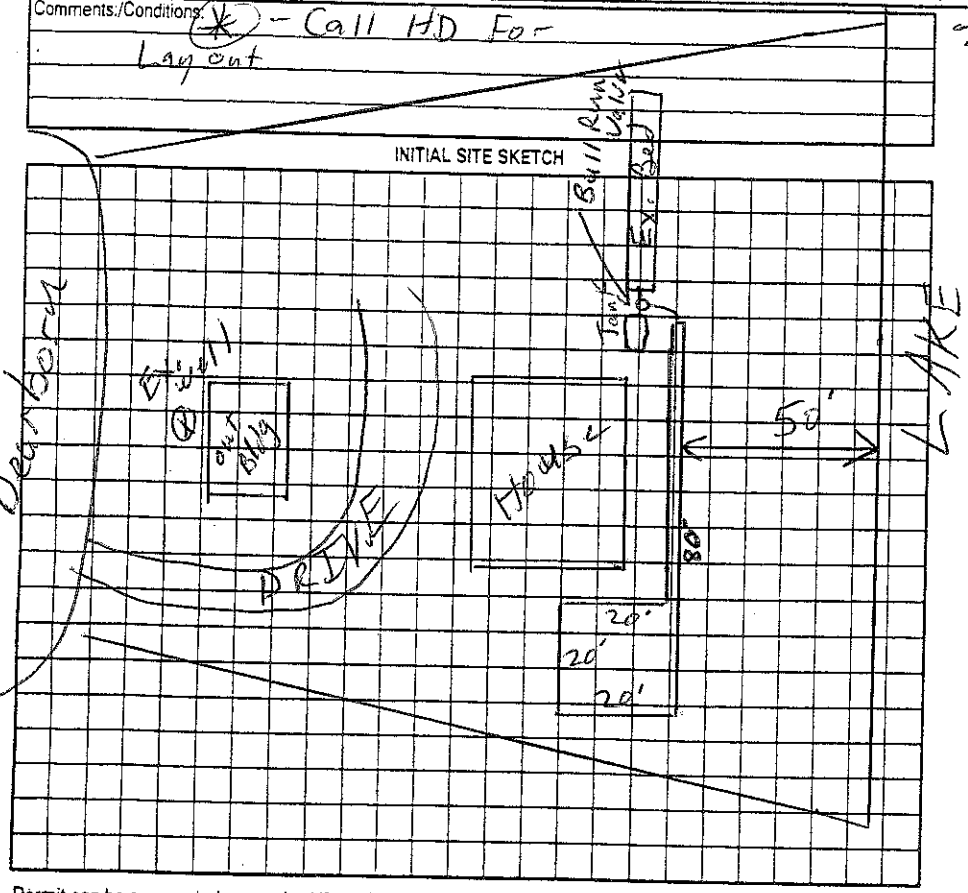
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: * - Call HD For Lay out

Comments:/Conditions: Could use gravel but very difficult to get around House. Best to stack EZ-Flow 24"

INITIAL SITE SKETCH



AS BUILT SKETCH

- Installed by Marty Tucker on 10/12/06
- Used EZ Flow on 80' supply line and 2 layers on 20' x 20' bed

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: Alvie C Younts date 9/13/06 Installed by: Tucker Grading (Marty)

Improvement Permit by: [signature] date 9/12/06 Operation Permit by: Joseph E. Clark date 10/12/06

Authorization to Construct by: [signature] RS date 9/12/06 Existing System Inspection by: date

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