Revised

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105608 PIN# 4638 83 8187 4638-83-8187 DATE 9/4/2002

OWNER OR CONTRACTOR Steve & Cindy Farmer PHONE: Business 658-0371 Home

ADDRESS 116 Sea Trail Dr. Mooresville NC 28117

LOCATION Perth Rd TR Wilson Lk Rd on left

SUBDIVISION Lot 1 BLOCK / SECTION 11 LOT 28 ~~27~~ LOT AREA SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6-25-02
Pump Tank: 1000 Gallons; PT 17 Date 7-20-02
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 6@45' Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-pm-Panel
Repair System Description: Deeded prior to 1983
Maintenance Agreement Required: ☐ Yes X No

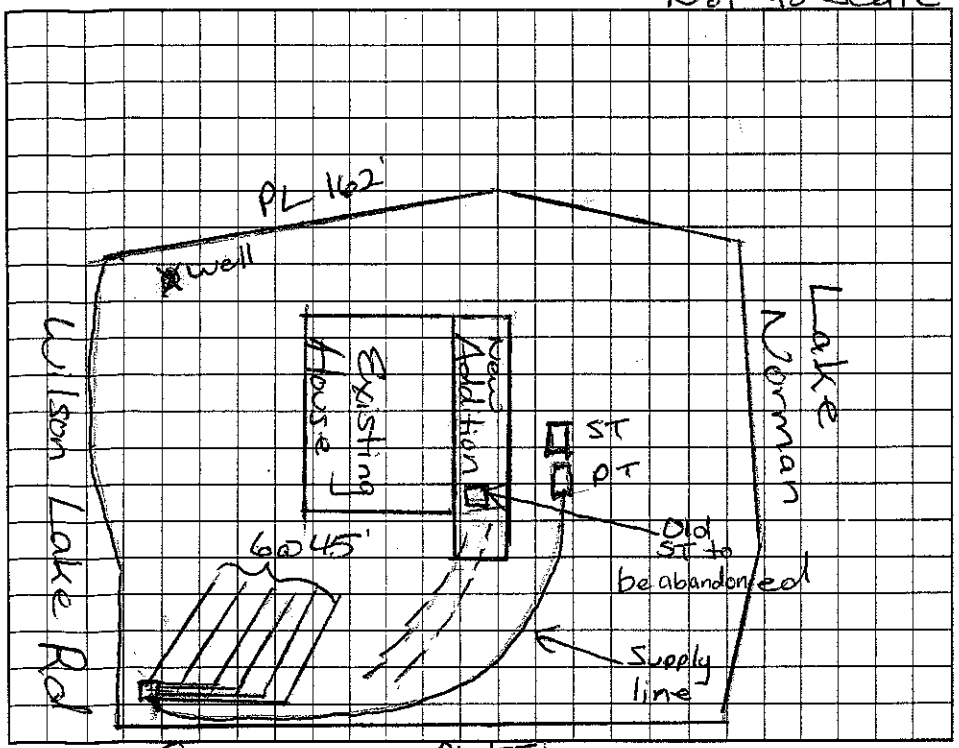
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: X Replaces permit issued 4/17/02

Comments:/Conditions: Upgrading From 3Bedroom to 4 Bedroom

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH

Installed 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: X Cynthia Farmer date 9-4-2002 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Dotson RS date 9/4/2002 Operation Permit by: Maria H. Dotson RS date 6/2/03

Authorization to Construct by: Maria H. Dotson RS date 9/4/2002 Existing System Inspection by: date

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