IREDELL COUNTY HEALTH DEPARTMENT (Called in)

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

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

PERMIT# 078876 PIN# 4639244796 DATE 7/25/00

OWNER OR CONTRACTOR David Smith PHONE: Business 201-5260 Home

ADDRESS 174 Ponderosa Cir. Mooresville NC 28117

LOCATION Perth Rd to TL Fern Hill, TR Marrietta on Left

SUBDIVISION Beacon Pt. BLOCK / SECTION II LOT 26 LOT AREA .71 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10/3/00

Pump Tank: 1000 Gallons; PT 283 Date 10/15/00

Pump Make: Gowlos Model WE0-311M Serial No. K0042820

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pump-PM-Conv.

Repair System Description: PM-25% Red

Maintenance Agreement Required: [ ] Yes [X] No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees

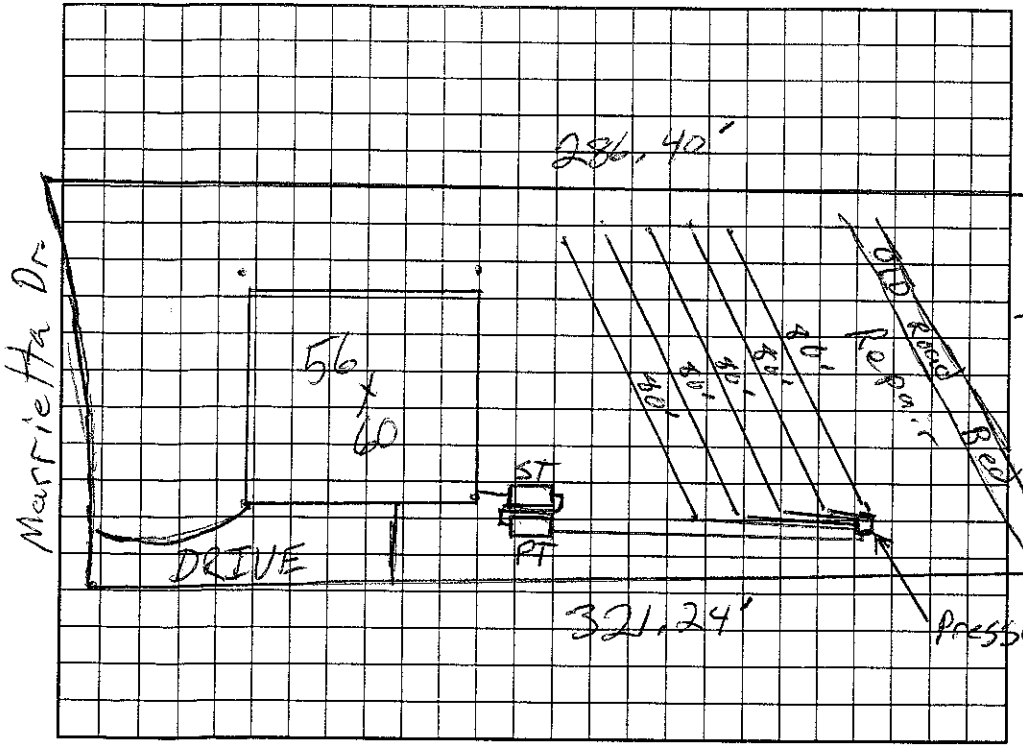
Water Supply: [ ] Individual [X] Public [ ] Community

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

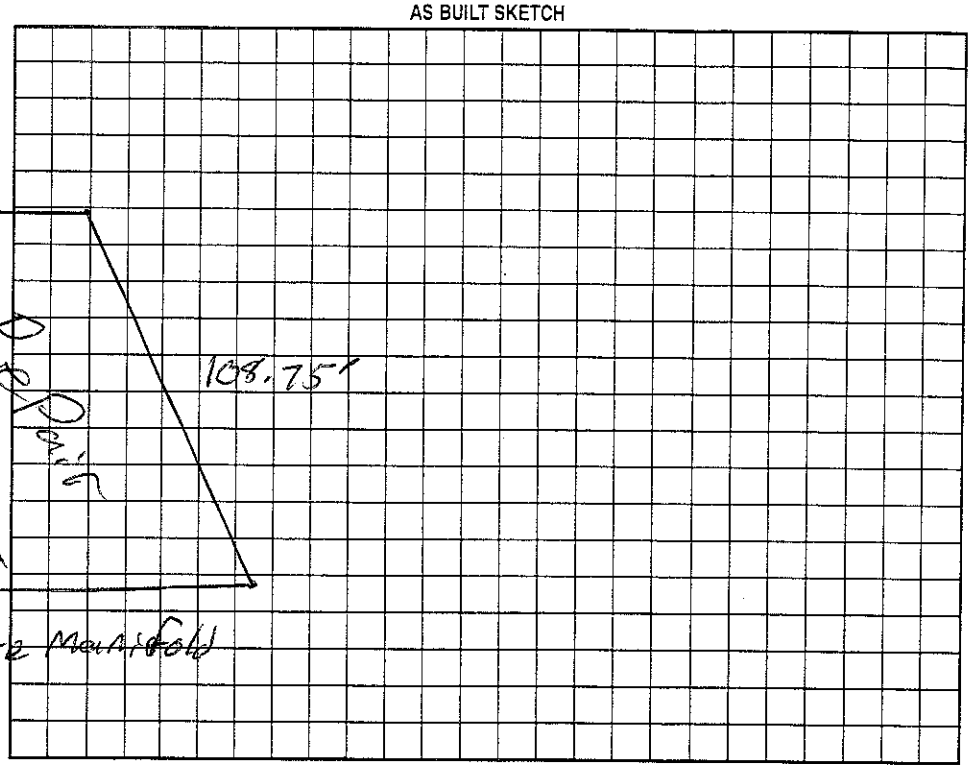
Comments:/Conditions: Keep Septic System at least 10' from Property lines & 5' from house

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: [signature] date 7/25/00 Installed by: Orbison Const. Co.

Improvement Permit by: Gary McRary RSI date 7/25/00 Operation Permit by: Wesley Sparks RS date 1/31/01

Authorization to Construct by: Gary McRary RSI date 7/25/00 Existing System Inspection by: date

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