IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119056 PIN# 4639 ~~23 507 8000~~ 33-0467 DATE 5/1/06

OWNER OR APPLICANT Craig Price PHONE: Business _____ Home _____

ADDRESS 175 Carriage Club Dr. 8-207 Mooresville NC 28117

LOCATION Perth, TR Fern Hill TR Frost Cliff 2nd on Rt

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 2 LOT AREA 1.551Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 8-7-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other ___

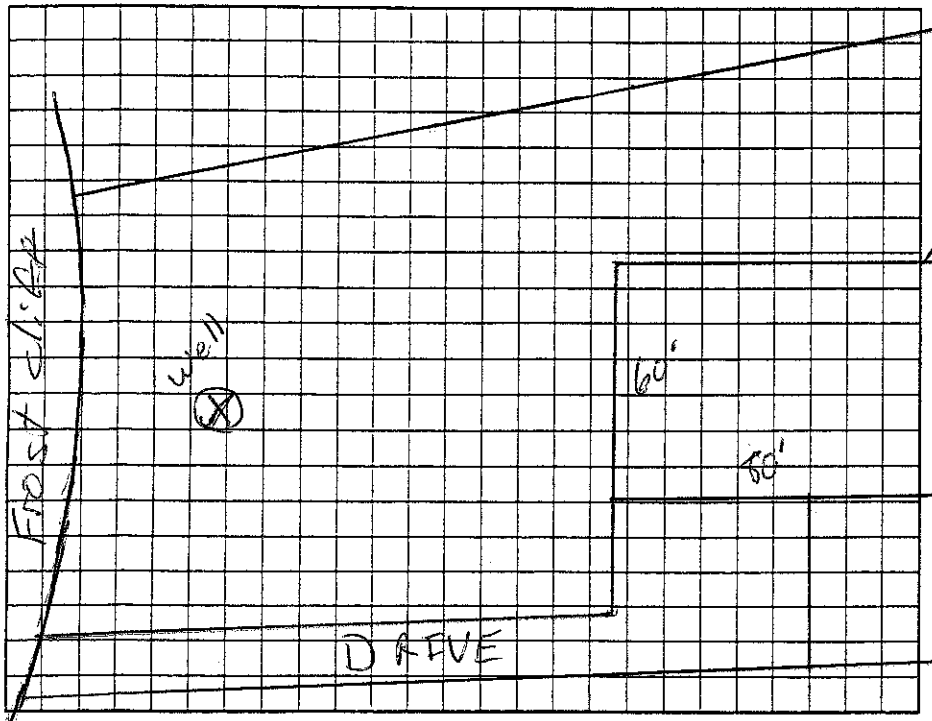
Water Supply: ☒ Individual ☐ Public ☐ Community

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

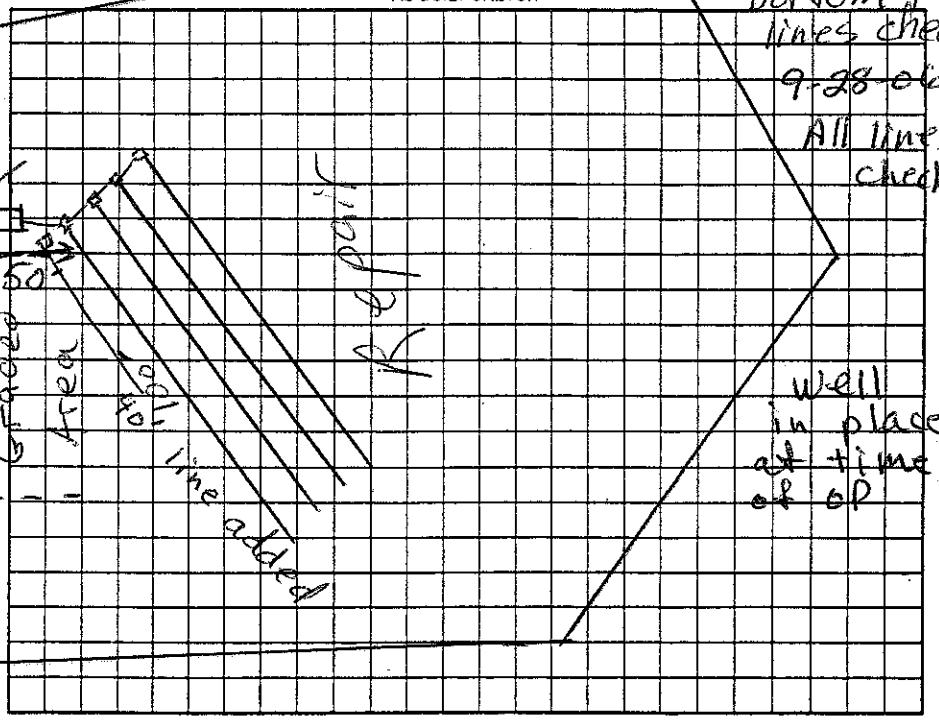
Comments:/Conditions:

Comments:/Conditions:
9-27-06
Red Polylok filter
Septic Tank
w/ riser
Need to add 40' to system to complete 400'
Bottom 4 lines checked 9-28-06
All lines checked

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: _____ date 5/1/06 Installed by: Shawn Penwarden 704-309-9354

Improvement Permit by: RS date 5/1/06 Operation Permit by: Judy Melville date 9-28-06

Authorization to Construct by: RS date 5/1/06 Existing System Inspection by: _____ date _____

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