IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 116380 PIN# 4639 59 0178 DATE 10/31/03

OWNER OR CONTRACTOR Deborah L. Benner / Mark Dell (Builder) PHONE: Business _____ Home 704-799-8021

ADDRESS 133 Springwood Ln. Mooresville, NC. 28117

LOCATION Perth N to Neil Farm Rd. turn (L) Winding Shore Rd. ~ 2ND lot on (L), on (L) B4 Power R/W

SUBDIVISION Northwood BLOCK / SECTION 2 LOT 15 LOT AREA ~ 3.7 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11/4/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY - 25% Reduced
Repair System Description: Same Type
Maintenance Agreement Required: [ ] Yes [X] No

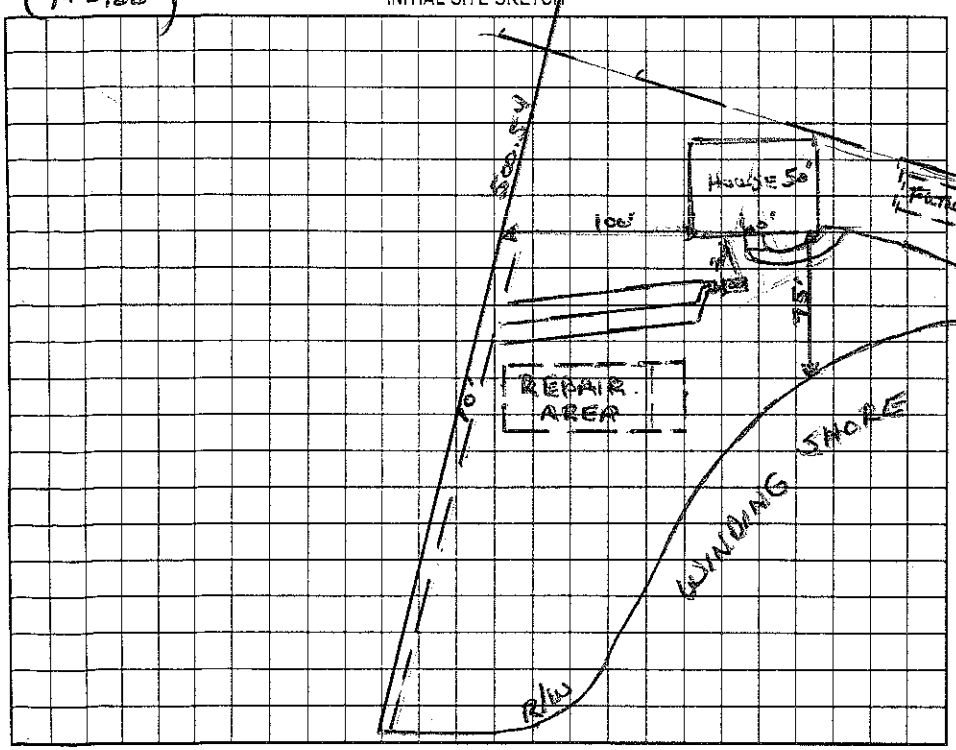
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions:

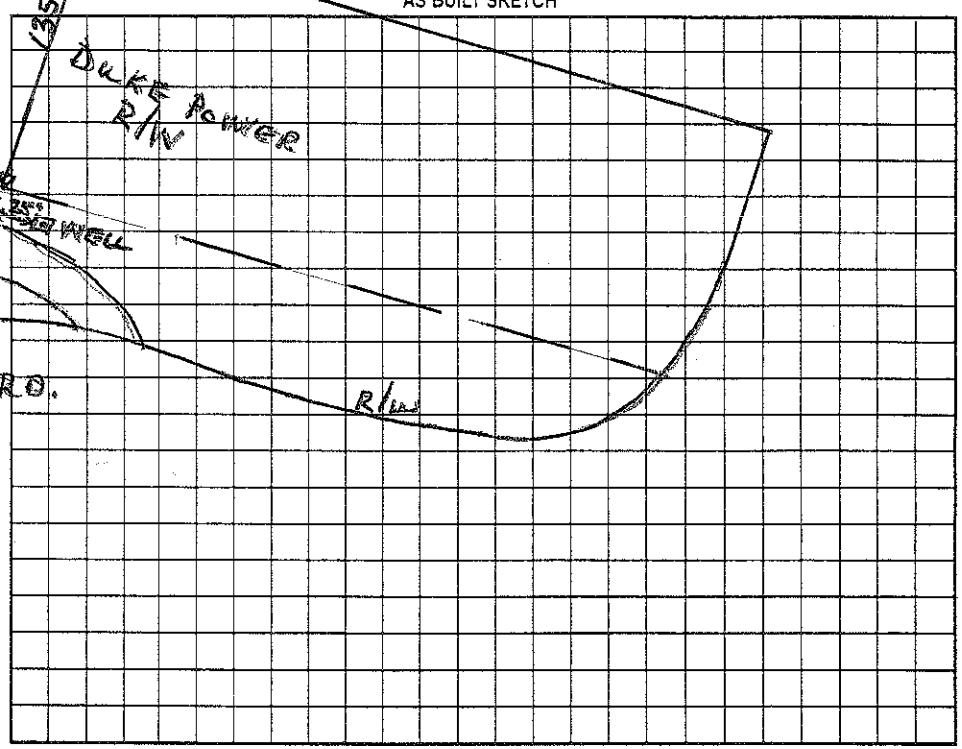
(1" = 100')

INITIAL SITE SKETCH



Comments/Conditions:

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: Debbie Benner date 11/7/03 Installed by: Rowan Septic Tank

Improvement Permit by: Wesley Sparks R.S. date 10/31/03 Operation Permit by: Wesley Sparks R.S. date 5/27/04

Authorization to Construct by: _____ R.S. date 5/4/04 Existing System Inspection by: _____ date _____

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