IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132091 20 PIN# 4639 70 5849.000 DATE 11/5/05

OWNER OR APPLICANT Michael & Misty Levine PHONE: Business 704-662-5271 Home

ADDRESS 131 Summerwind Dr. Mooresville, NC. 28117

LOCATION Peth Rd N TL Live Oak TR Bay Crossing TR Summerwind Dr. on (L) before top of hill

SUBDIVISION BAY CROSSING BLOCK / SECTION LOT 11.5 LOT AREA 2.02AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 444 Date 8-22-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540
No Lines 3@180' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12" ☐ Gravity ☐ Pressure

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

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

Water Supply: ☒ Individual ☐ Public ☐ Community

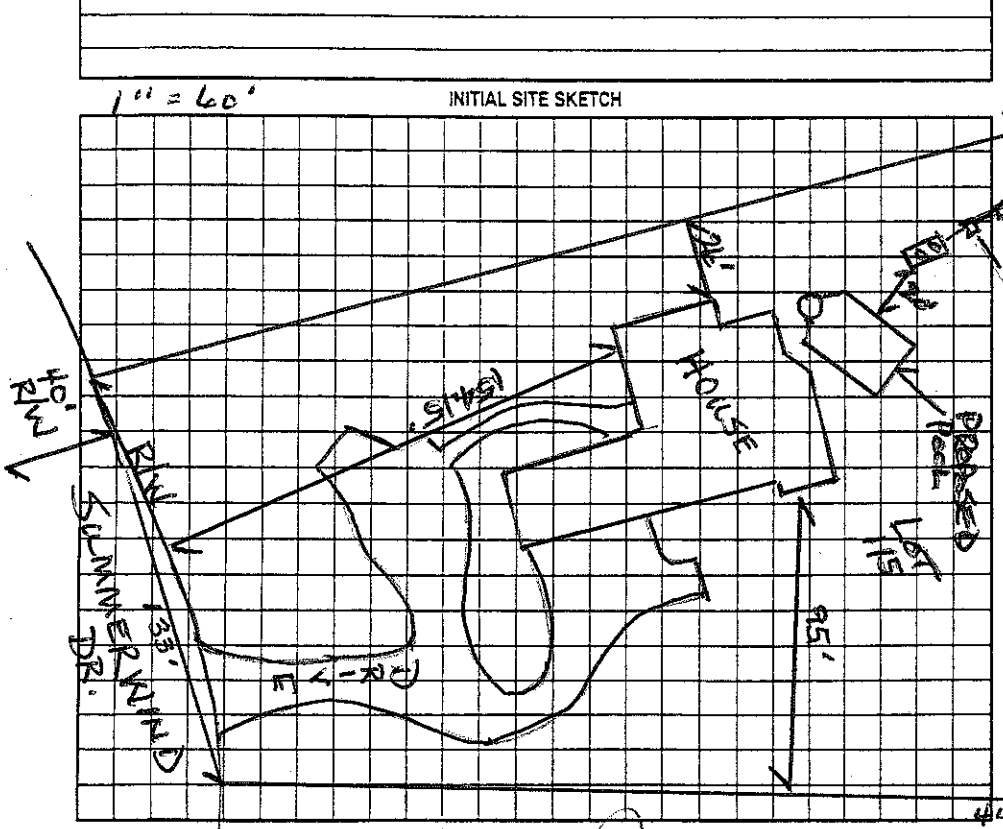
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

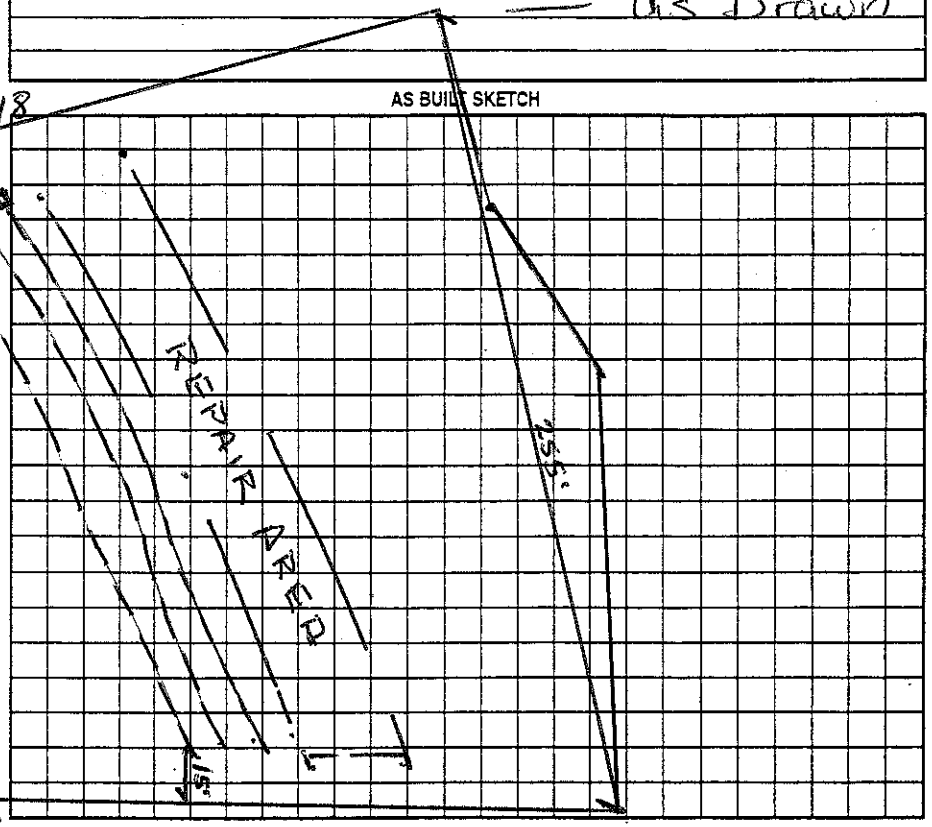
Comments/Conditions: Installed Gravel trenches As Drawn

1" = 60'

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 11/9/05

Improvement Permit by: Wesley Sparks RS. date 11/5/05

Authorization to Construct by: Wesley Sparks RS. date 11/5/05

Installed by: Curt Dunning RS

Operation Permit by: [signature] date 9/26/06

Existing System Inspection by: date

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