165862

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

A

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

PERMIT# ~~165862~~ PIN# 4645 28 1746 DATE 1/19/01

OWNER OR CONTRACTOR Dave White PHONE: Business _____ Home 464-2115

ADDRESS PO Box 117 Mt. Mourne, NC. 28123

LOCATION Templeton Rd. TR Lynn Cove Rd. to 6th lot on (L)

SUBDIVISION MORGAN LANDING BLOCK / SECTION _____ LOT 6 LOT AREA 21780 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/23/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *

No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 3' ~~Gravel Depth~~ SAND.

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

System Description: GRAV - Type 3

Repair System Description: 16" PPBPS

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 [ ] Basement w/plumbing [ ] Basement wo/plumbing

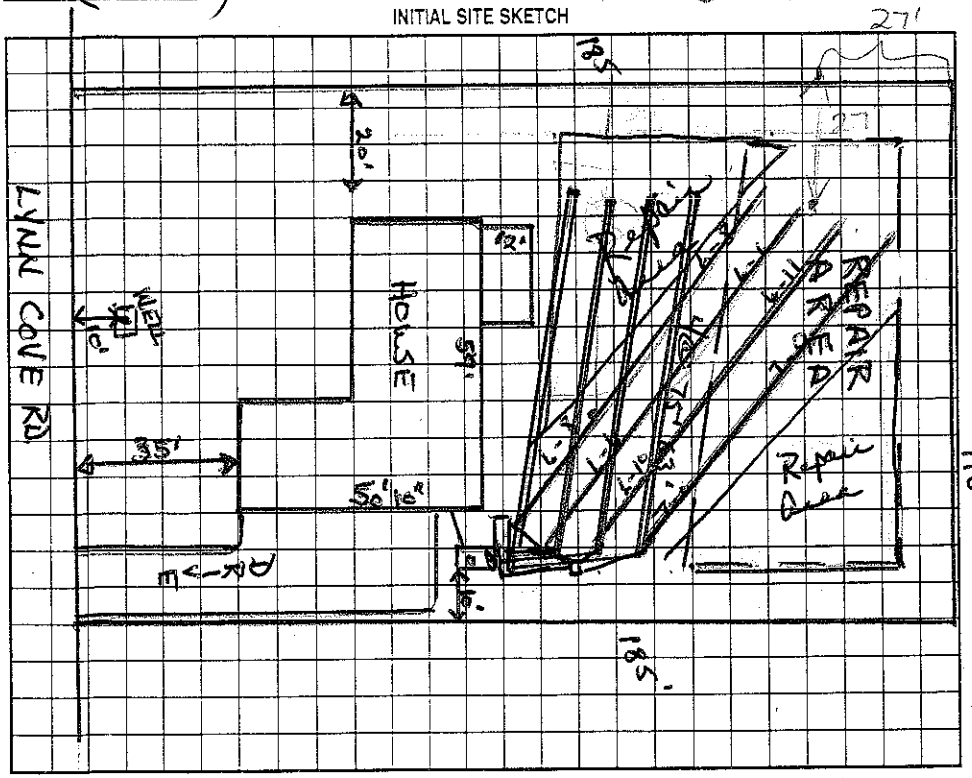
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

(1" = 40')

Deck = 16'D X 30'W

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: * Dave White date 1/26/01

Improvement Permit by: Wesley Sparks RS. date 1/19/01

Authorization to Construct by: Wesley Sparks RS. date 1/19/01

Installed by: Curt Dunning

Operation Permit by: Wesley Sparks RS. date 9/27/01

Existing System Inspection by: _____ date _____

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