IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4645 44 6675 DATE 6/4/08

OWNER OR APPLICANT James H Simmons PHONE: Business _____ Home 704-892-0066

ADDRESS 196 Wades Way Mooresville, NC. 28115

LOCATION Williamson Rd S TR Oakview Rd. TR Wades Way first drive bear (R) Mod on (R)

SUBDIVISION SHADY GROVE BLOCK / SECTION _____ LOT 7 LOT AREA ~ 1.4 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 EXIST Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 350

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

No Lines 9@ 30' Trench Width 3' Max Trench Bottom Depth 3'

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

System Description: 25% REDUCTION / ACCEPTED

Repair System Description: SAME TYPE

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth NA [X] Gravity [ ] Pressure

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Persons ____

[ ] Business No. Employees ____

[ ] Other ____

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

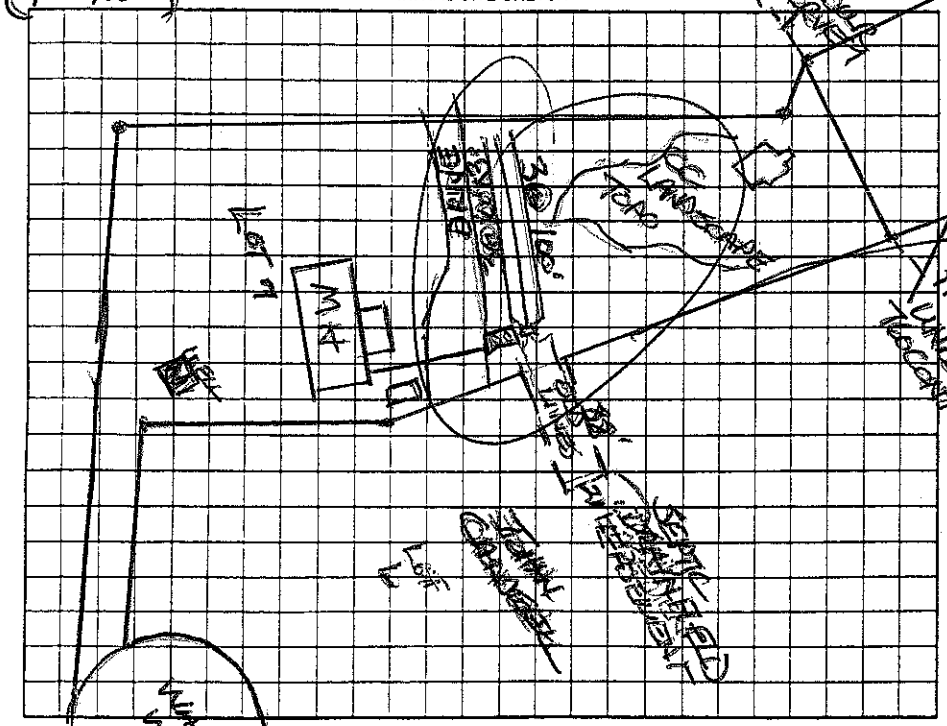
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions: N/A

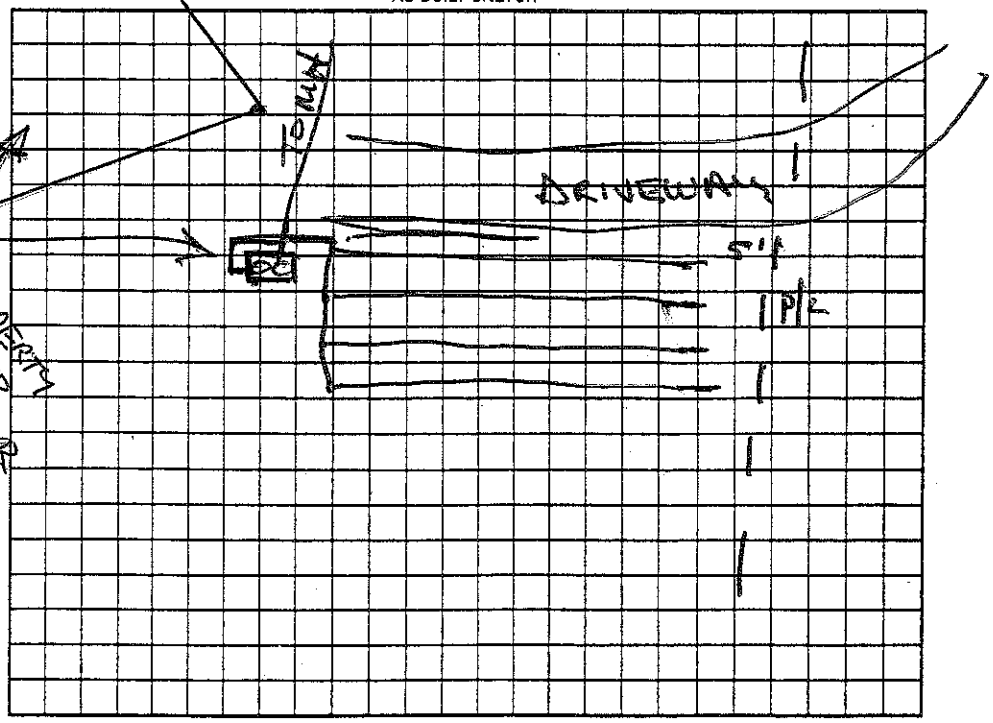
Comments/Conditions: 7/1/08 Mr. Simmons defined drainage AC, NOV issued this date.

(1" = 100')

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 [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X. N-O-V ISSUED date 7/1/08

Improvement Permit by: Wesley Sparks RS. date 6/9/08

Authorization to Construct by: Wesley Sparks RS. date 6/9/08

Installed by: Osborne & Sons

Operation Permit by: Wesley Sparks RS date 7/29/08

Existing System Inspection by: _____ date _____

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