IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-[illegible]

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

PERMIT# ~~78496~~ 87416 PIN# 4645 65 8489 DATE 1/6/00

OWNER OR CONTRACTOR Paris Hosting PHONE: Business 588-4936 Home 987-9853

ADDRESS 180 Caldwell Woods Dr. Mooresville, NC.

LOCATION Williamson Rd. TR Clone Rd. TL Longtree Rd. TL Caldwell Woods Drive to last house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 1/8/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 2400 Linear Feet 800
No Lines 6 (3+3) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees _____
☐ Other _____

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

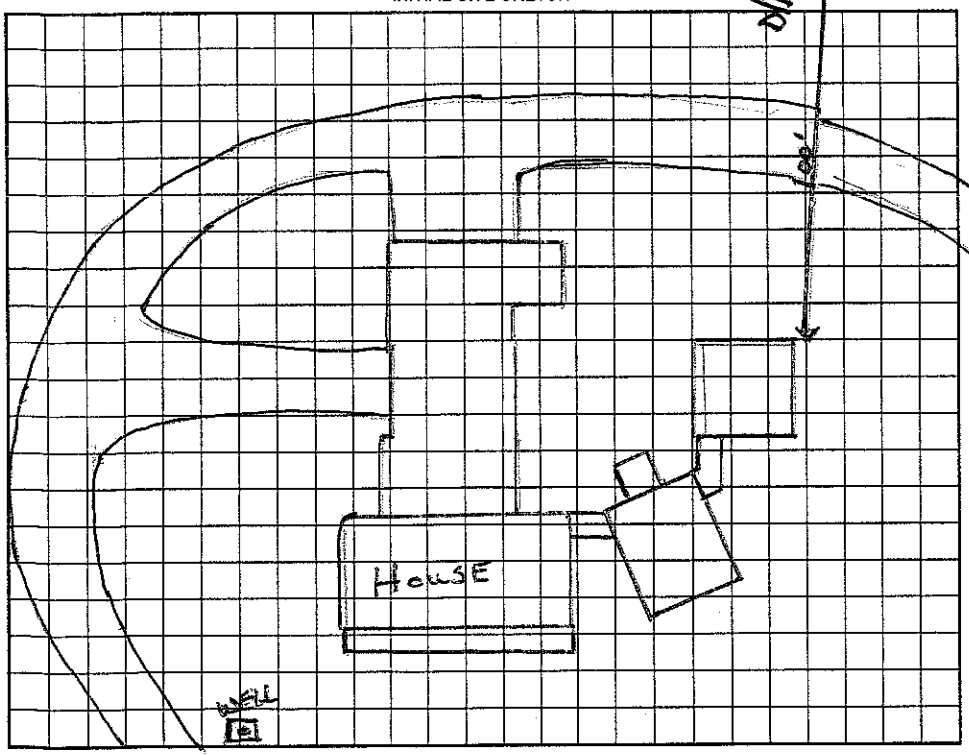
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

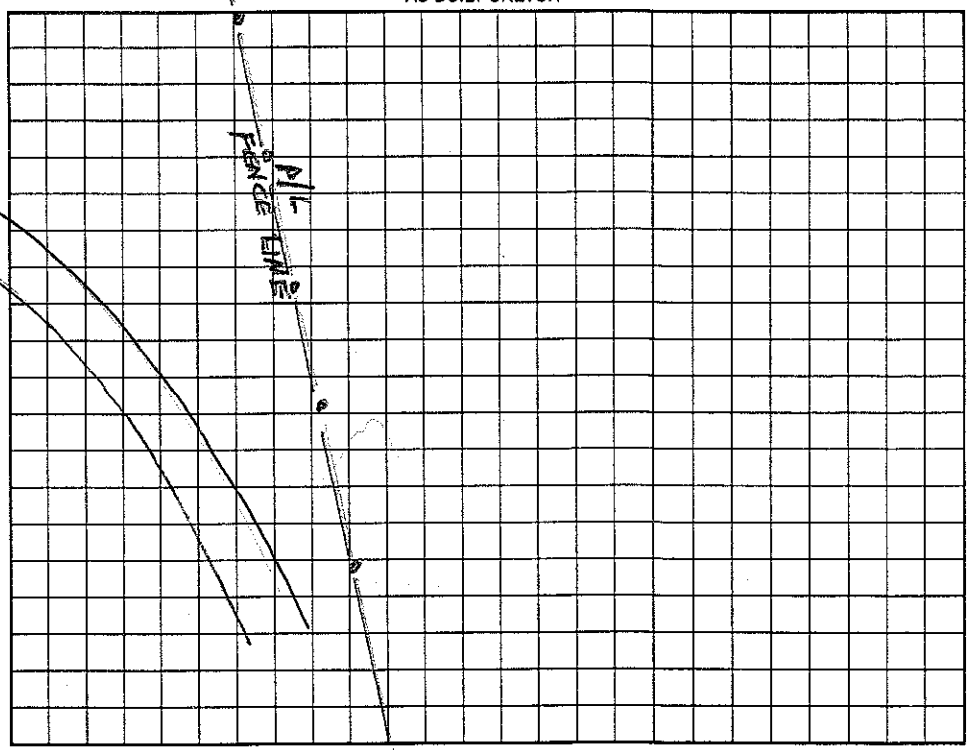
5-5 5-1
4-8 4-4
4-2 3-4

Comments:/Conditions:

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: * Paris Hosting date 1/26/00 Installed by: Levon Benton

Improvement Permit by: Wesley Sparks RS. date 1/6/00 Operation Permit by: Wesley Sparks RS. date 3/15/00

Authorization to Construct by: Wesley Sparks RS. date 1/6/00 Existing System Inspection by: _____ date _____

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