100.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130033 PIN# 4646 05 6401 DATE 5/15/06

OWNER OR APPLICANT Jennifer A. Butler PHONE: Business _____ Home _____

ADDRESS 123 Crystal Cir. Mooresville NC 28117

LOCATION RSR TL Conway Creek, TL 2nd Wood Dock Up, TR Crystal Cir, on Lt

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT 18 LOT AREA 0.47 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1600 Gallons; STB 317 Date 6/24/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 6@35' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity Panel Block
Repair System Description: Limited
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

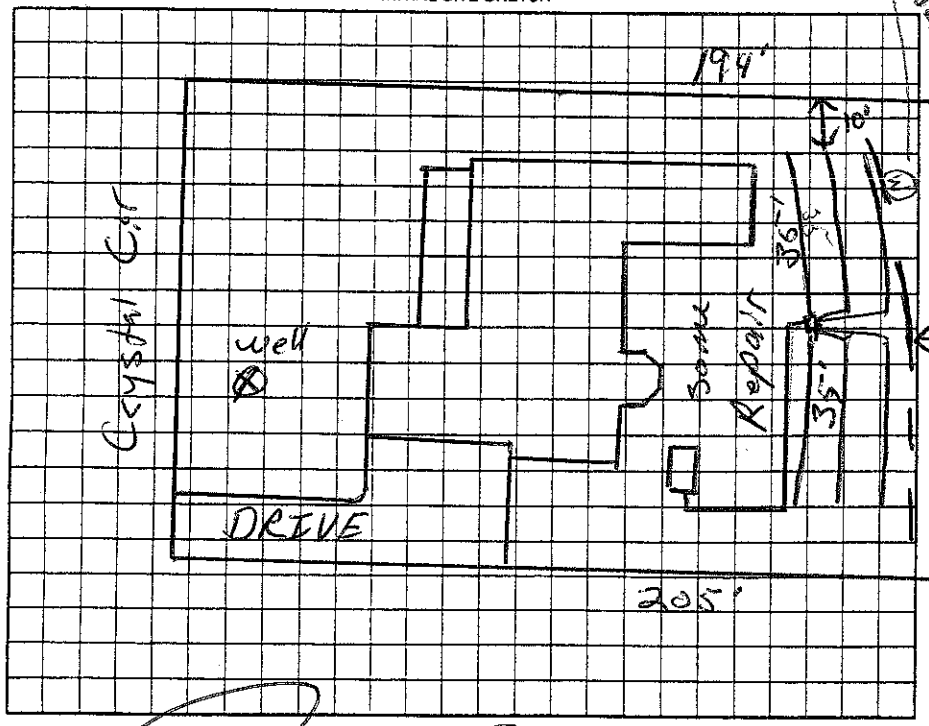
Water Supply: ☒ Individual ☐ Public ☐ Community

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

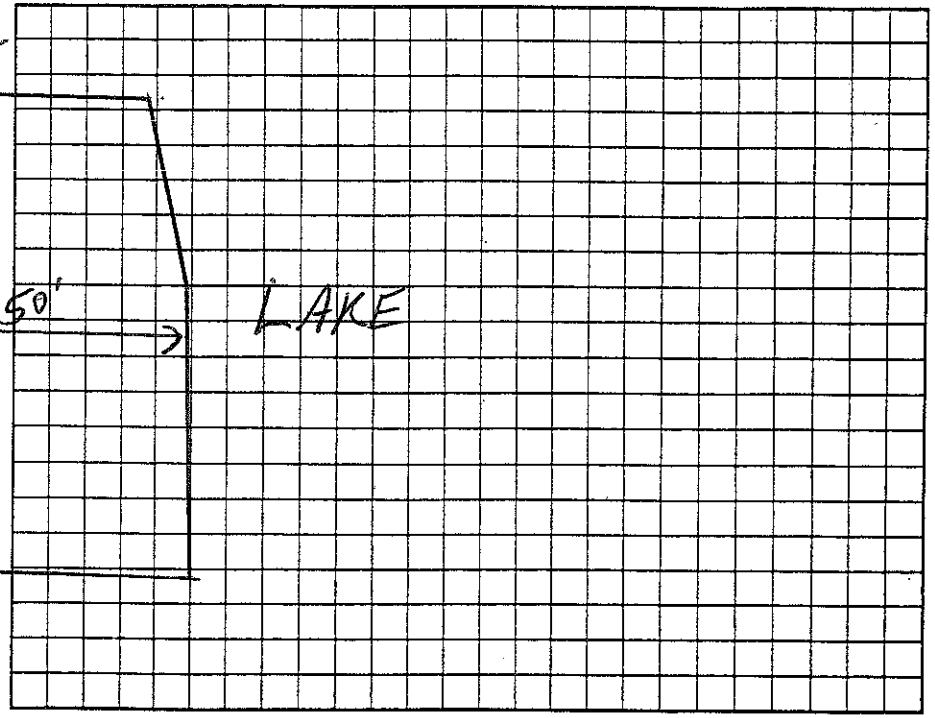
Comments:/Conditions:

Comments:/Conditions: 5@50 / 1@35'x3'
Holt vented 2" well line. Properly abandoned w/ Pace work - Well Certification # 3402

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: _____ date _____ Installed by: Orbison & Sons

Improvement Permit by: _____ RS date 5/15/06 Operation Permit by: Wesley Sparks RS date 12/6/06

Authorization to Construct by: _____ RS date 5/15/06 Existing System Inspection by: _____ date _____

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