IREDELL COUNTY HEALTH DEPARTMENT

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

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

$450 3.00 Tommy Carman

PERMIT# 10578 PIN# ~~4636 87 9888~~ 4646-16-1297 DATE 7/23/03

OWNER OR CONTRACTOR Douglas Pine PHONE: Business 980-722-7334 Home

ADDRESS 8506 Appledale Dr. Charlotte, NC. 28262

LOCATION 1100 TL Conway back TL 1st Woodruff Lp, 3rd lot on (R)

SUBDIVISION Lakeside Farm BLOCK / SECTION LOT 32 LOT AREA .42 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 3-4-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 480* Linear Feet 240*

No Lines 4 @ 60' Trench Width 2' Max Trench Bottom Depth 3' Gravel Depth No.

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

System Description: GRAVITY - 16" APBPS

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

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

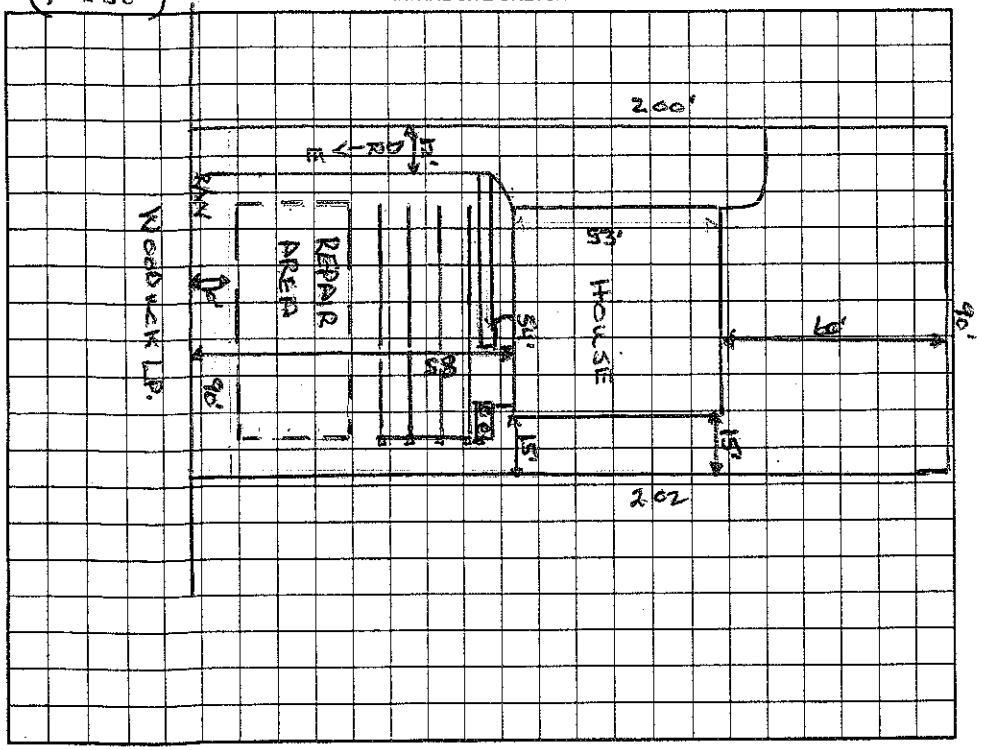
Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions: * 50% REDUCED SYSTEM - 16" APBPS

Comments:/Conditions:

(1" = 50')

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 4-60' Panel lines as Specified by W.S.

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

Improvement Permit by: Wesley Sparks RS. date 7/23/03

Authorization to Construct by: Wesley Sparks RS date 7/23/03

Installed by: Tommy Frye

Operation Permit by: Mina Watson RS date 9/19/03

Existing System Inspection by: date

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