(10.700)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077838 PIN# 4646 16 2107 DATE 12/17/98

OWNER OR CONTRACTOR Carl Sawyer PHONE: Business _____ Home 664-4645

ADDRESS 257 Woodduck Loop Mooresville, NC. 28117

LOCATION Bray Sch. TL Davidson Back TL Woodduck Loop to 19th lot on (L)

SUBDIVISION Lakeshore BLOCK / SECTION _____ LOT 33 LOT AREA .49 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/18/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet *810 Linear Feet *270
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: Drew - 16" PPBS
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

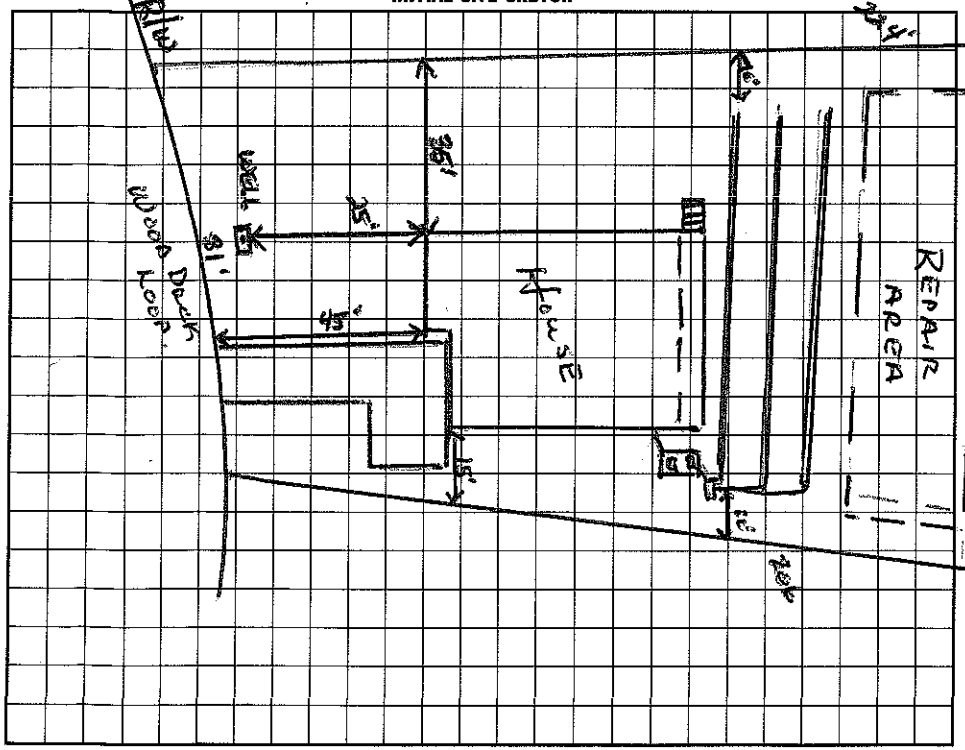
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

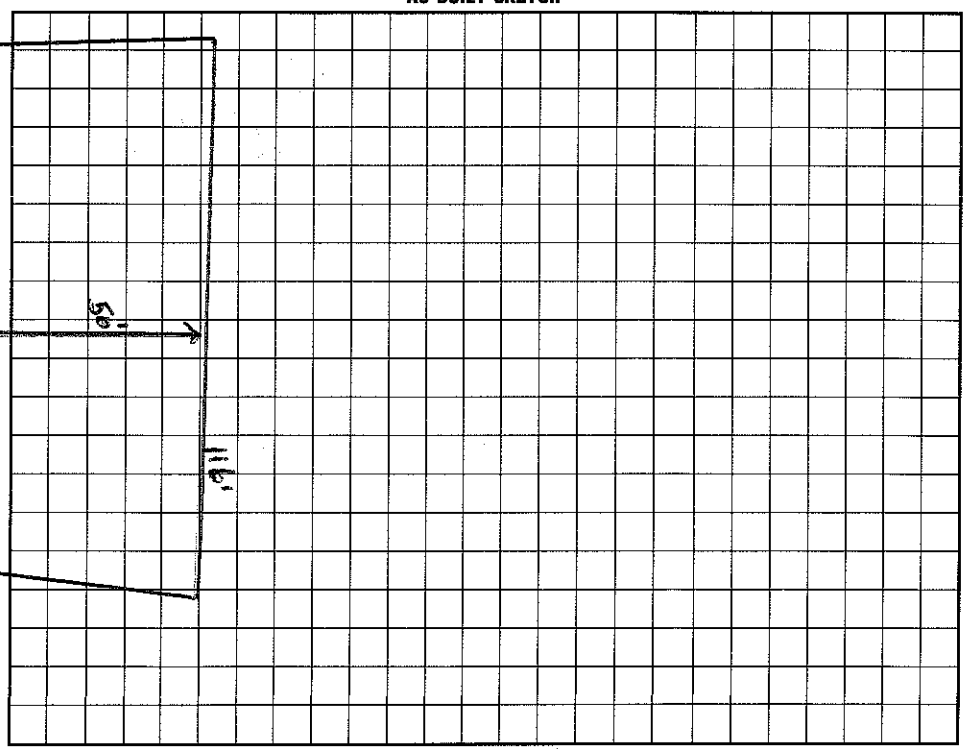
Comments:/Conditions: * 50% reduction already figured - Install w/kits called for on permit.

Comments:/Conditions: FED FROM MIDDLE. INSTALLED 3 LINES (3@35')

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: * Kate K. Sawyer date 1/14/99

Improvement Permit by: _____ date _____

Authorization to Construct by: Wesley Sparks RS. date 12/17/98

Installed by: MacClark

Operation Permit by: C. [illegible] RS date 11/24/99

Existing System Inspection by: _____ date _____

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