130.00 Paid

3-

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107377 PIN# 4646 19 5912 DATE 7/24/02

OWNER OR CONTRACTOR Frank + Glenda Soper PHONE: Business ______ Home 704-655-9890

ADDRESS Farmstead Lane Mooresville, NC 28117

LOCATION 1100 TL Farmstead past pond, just before next brick house

SUBDIVISION Farmstead BLOCK / SECTION 2 LOT 44 LOT AREA 1.01 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1009 Date 9/30/03

Pump Tank: ~~1000~~ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAV - 25% Reduced

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

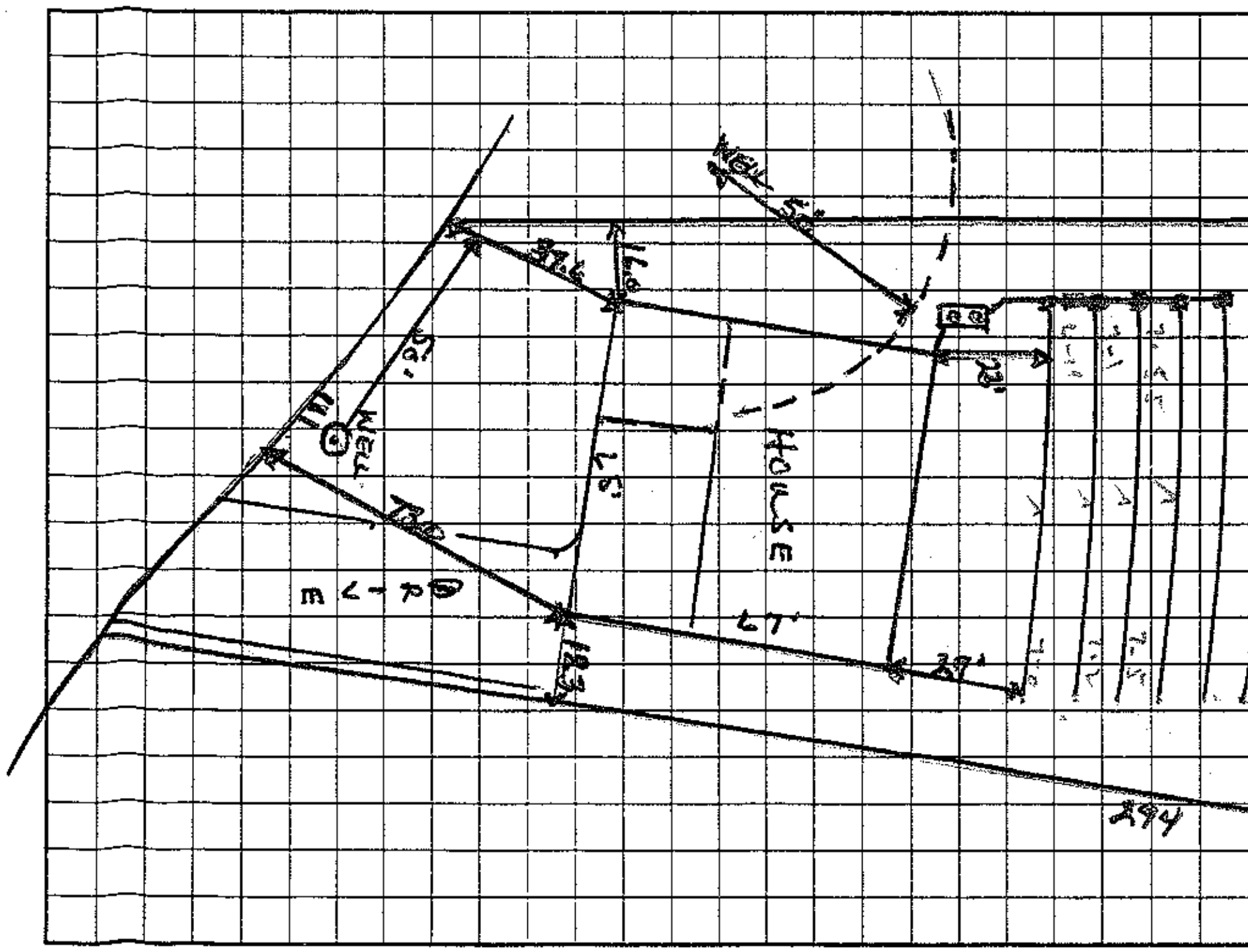
No. Bedrooms 4 No. Bathrooms 3 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

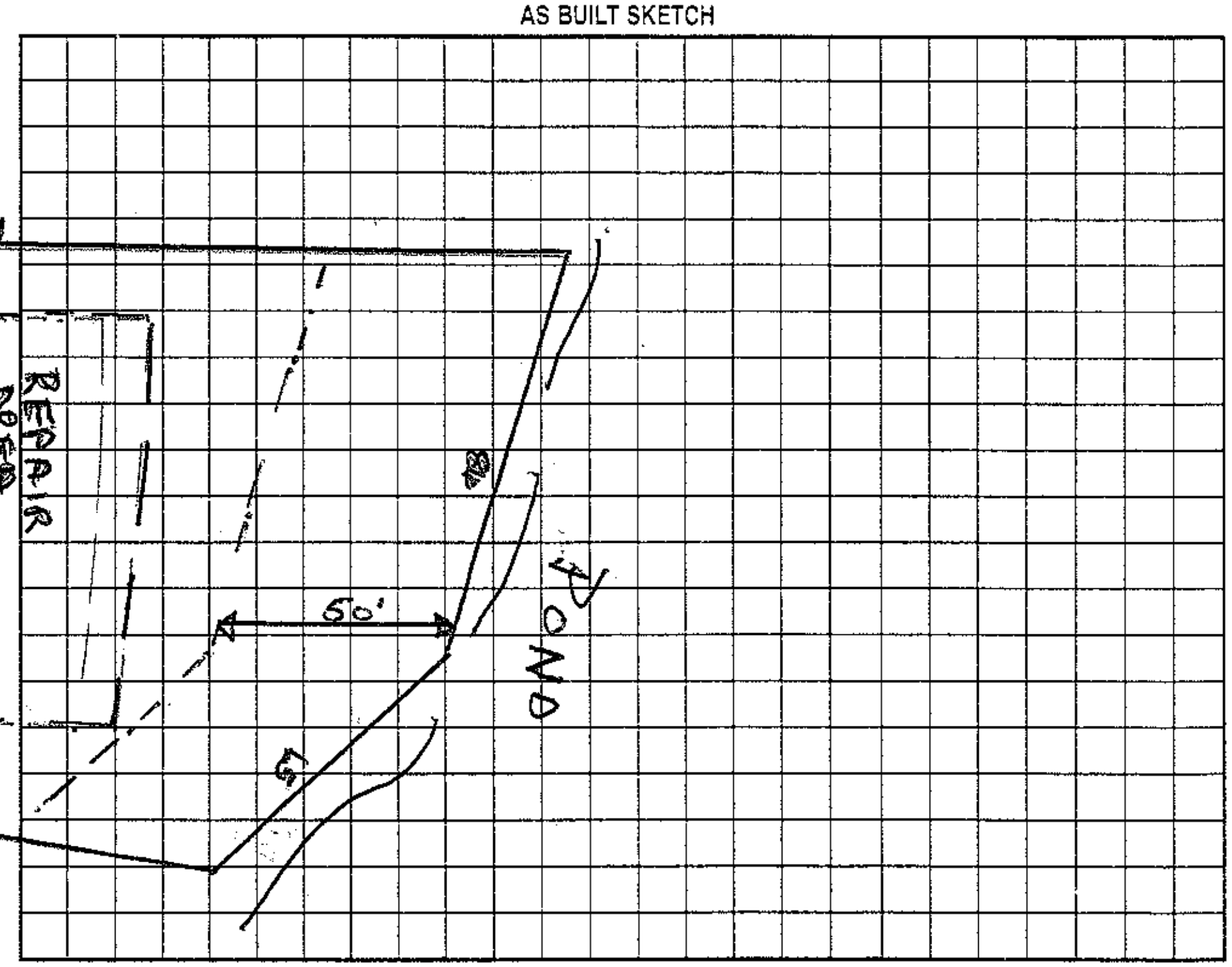
Comments:/Conditions: Type 3 25% Reduction System.

Comments:/Conditions: D/B used in place of Drop Boxes

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: * [signature] date 7-25-02

Installed by: Wayne Cloutz

Improvement Permit by: Wesley Sparks RS. date 7/24/02

Operation Permit by: [signature] RS date 10/24/03

Authorization to Construct by: Wesley Sparks RS date 7/24/02

Existing System Inspection by: ______ date ______

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