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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140577 PIN# 464 626 8497 DATE 7-5-07

OWNER OR APPLICANT RS Greer Homes PHONE: Business 704-309-7915 Home 704-662-9205

ADDRESS 120 Chatworth Ln Mooresville NC 28117

LOCATION Brawley School Rd TL Williamson TR Sundown 1.5 mi. on right 310 Sundown Rd

SUBDIVISION Mary Atwell BLOCK / SECTION ____ LOT 10 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 gpd/ft², .225 Repair

Septic Tank: 1000 Gallons; STB 794 Date 4-10-07
Pump Tank: 1000 Gallons; PT 283 Date 8-4-07
Pump Make Gouds Model PE51M Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 320
No Lines 8@40' Trench Width 24" min. Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PPBPS pm
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other ____

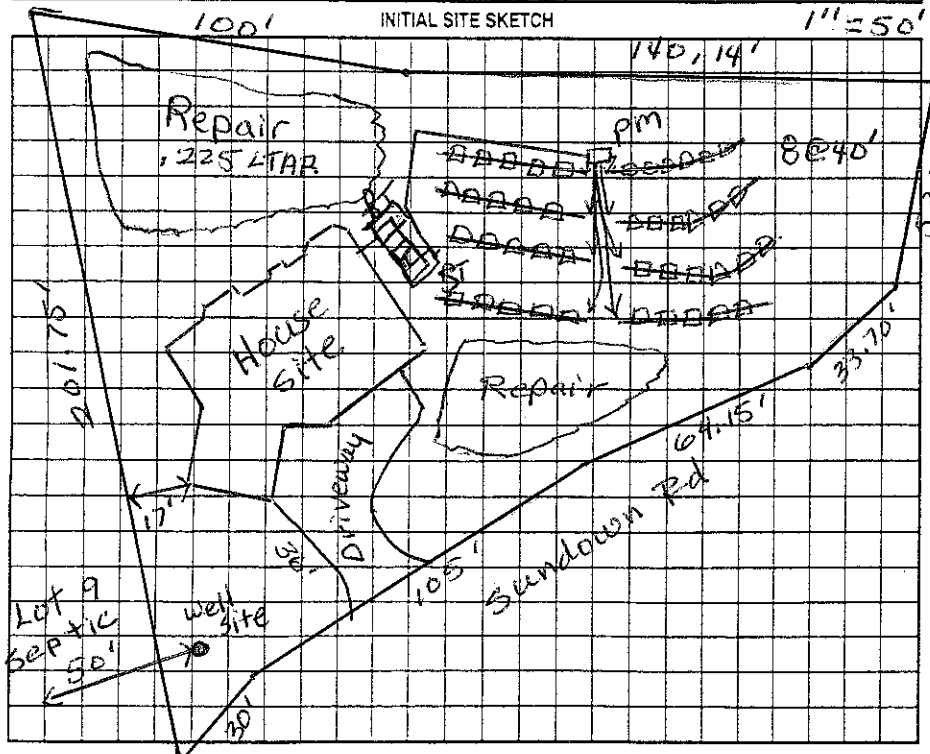
Water Supply: ☒ Individual ☐ Public ☐ Community

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

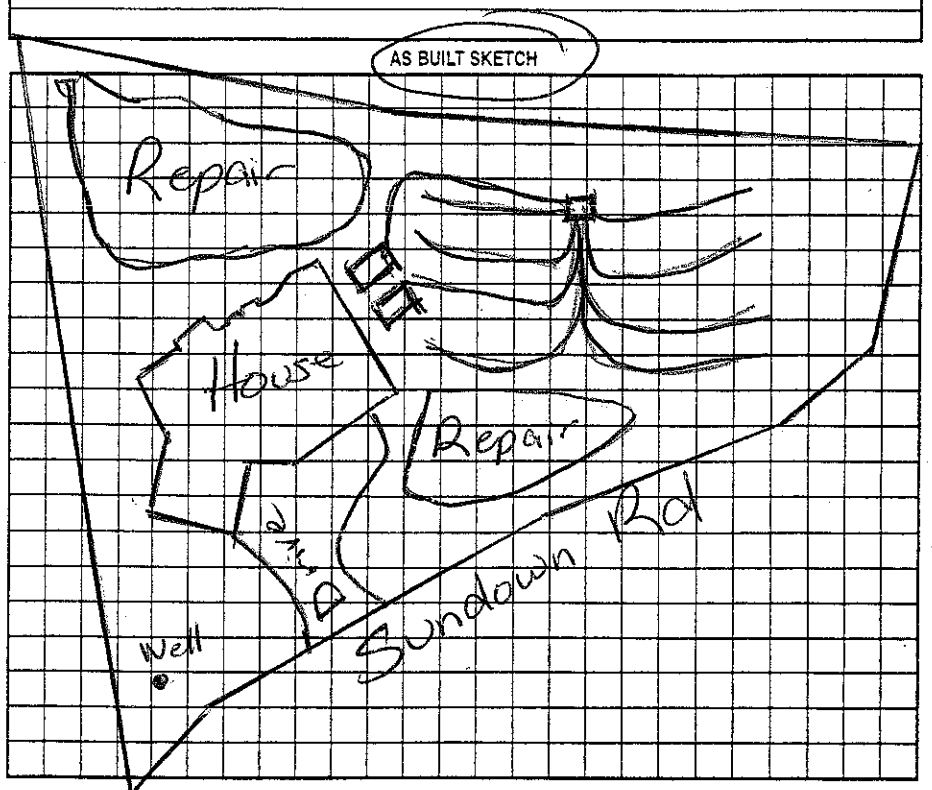
Comments:/Conditions: lank location slightly altered
~~Tanks~~

Comments:/Conditions 12/7/07 Cheaked tanks & lines

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 7/5/07
Improvement Permit by: Judy Melville date 7-5-07
Authorization to Construct by: Judy Melville date 7-5-07

Installed by: Richard Abernathy
Operation Permit by: ____ date 3/4/08
Existing System Inspection by: ____ date ____

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