IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 10346~~0721~~ PIN# 4646 77 5637 DATE 6/11/02

OWNER OR CONTRACTOR Carol N. Nichols PHONE: Business _____ Home 704-799-2966

ADDRESS PO Box 921 Mooresville, NC. 28115

LOCATION Brawley Sch Rd to Gibbs Rd. to 11 lot on (E) past sign

SUBDIVISION Gibbs Cove BLOCK / SECTION _____ LOT 11 LOT AREA ~.95 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-14-02
Pump Tank: _____ 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'

[X] New System [ ] Repair System Type: I. II. (III) IV. V. VI
System Description: Infinity-EZ Flow ORCH. PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

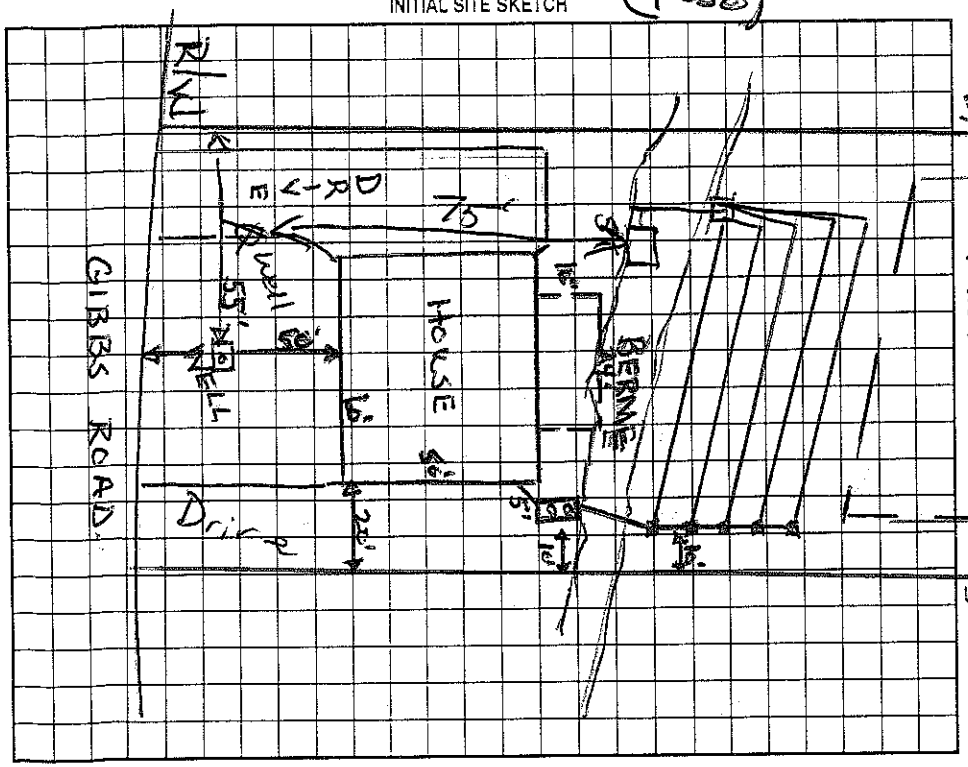
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
Gravel Depth No [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: * Type 3 System install on contour

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH (1"=50')



AS BUILT SKETCH — See attached



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: * Carol N. Nichols date 10/9/02 Installed by: E.J. Ervin

Improvement Permit by: Wesley Sparks RS. date 6/11/02 Operation Permit by: Mariah H. Dotson RS date 10/10/2002

Authorization to Construct by: Wesley Sparks RS. date 6/11/02 Existing System Inspection by: _____ date _____

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