IREDELL COUNTY HEALTH DEPARTMENT

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

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

50.00 Paid 11.00 A+

PERMIT# ~~37~~ 12562 PIN# ~~4648004805~~ 4648-10-0895 4648004805

OWNER OR CONTRACTOR DEWEY SAUNDERS PHONE: Business _____ Home _____

ADDRESS 112 SAIL HIGH CT MOORESVILLE, NC 28117 DATE 1/26/05

LOCATION 150 WEST TO EKRON RD - ON RT

SUBDIVISION LYNNBROOK ACRES BLOCK / SECTION _____ LOT 4 LOT AREA 1.57 AC SITE CLASS PS DESIGN FLOW ~~600~~ 480 L.T.A.R. 1,369 FT2

Septic Tank: 1000 Gallons; STB 1012 Date 9/14/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~600~~ 540 Linear Feet 270

No Lines 8@35' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY PANEL

Repair System Description: NOT REQUIRED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other

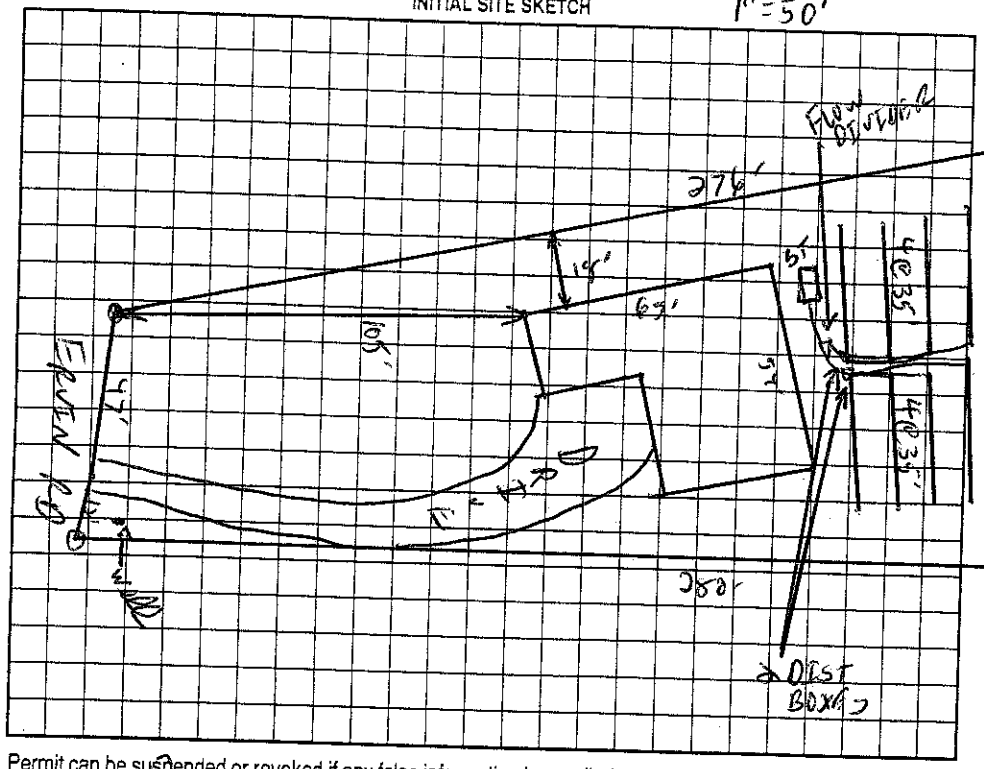
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

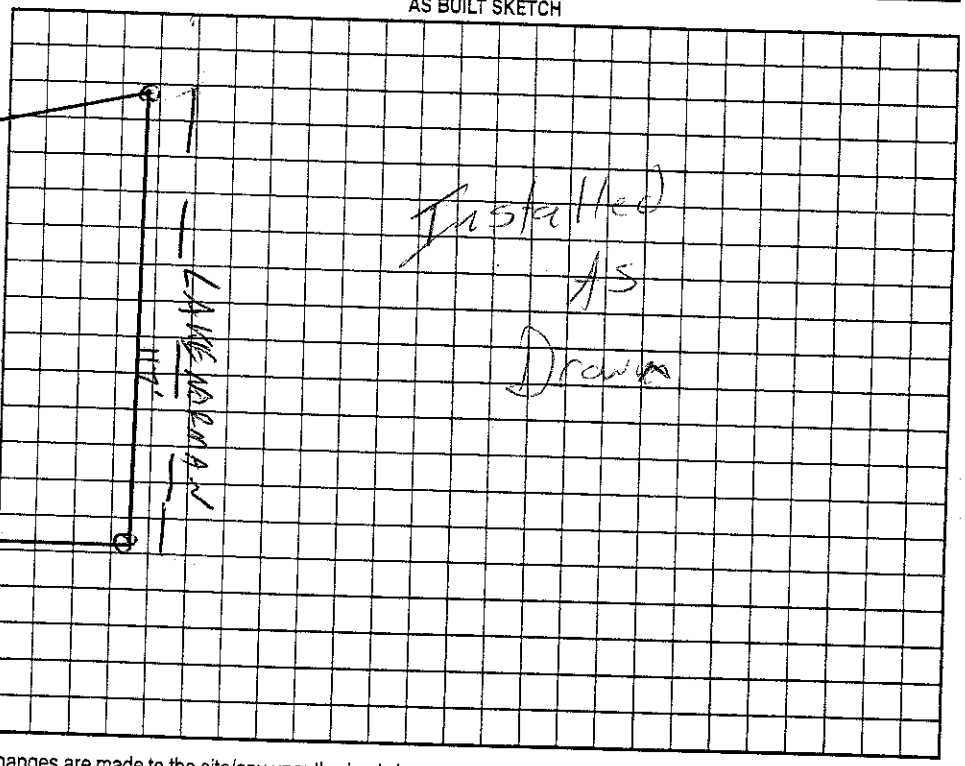
Comments:/Conditions: LOT DEEDED AUG. 1971. SEE ATTACHED DEED. IF HOUSE IS MOVED TOO CLOSE TO LAKE, PERMIT WILL BE VOIDED.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 1-31-05 Installed by: A-1 Backhoe

Improvement Permit by: _____ RS date 1/26/05 Operation Permit by: _____ RS date 4/28/05

Authorization to Construct by: _____ RS date 1/26/05 Existing System Inspection by: _____ date _____

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