IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 26209 PIN# 4648 03 8367 DATE 2/28/00

OWNER OR CONTRACTOR Charles Sawyer Jr. PHONE: Business _____ Home 663-0842

ADDRESS 279 Heritage Pl. Mooresville, NC. 28115

LOCATION Bluefield Rd. TL on Big Indian Loop, straight ~ 1.5 miles on (R) 360

SUBDIVISION Indian Forest BLOCK / SECTION _____ LOT 5 LOT AREA 1.5 Ac SITE CLASS PS DESIGN FLOW ~~480~~ L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/12/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1700 Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1596~~ Linear Feet 400

No Lines ~~X 5~~ 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: GRAV CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees ____

[ ] Other _____

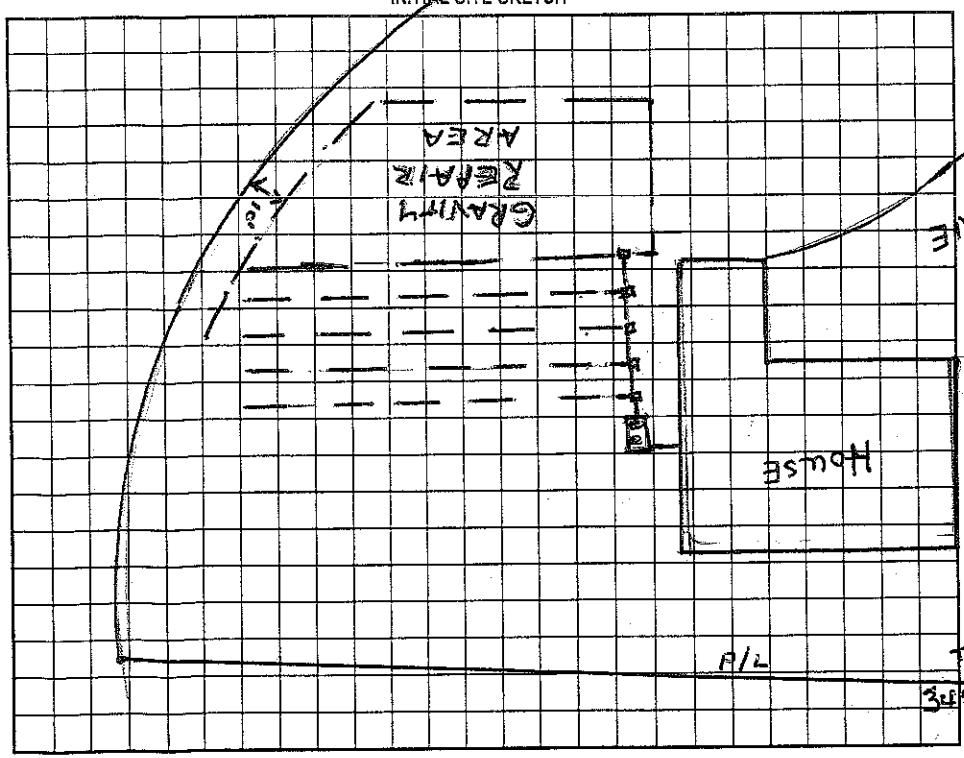
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

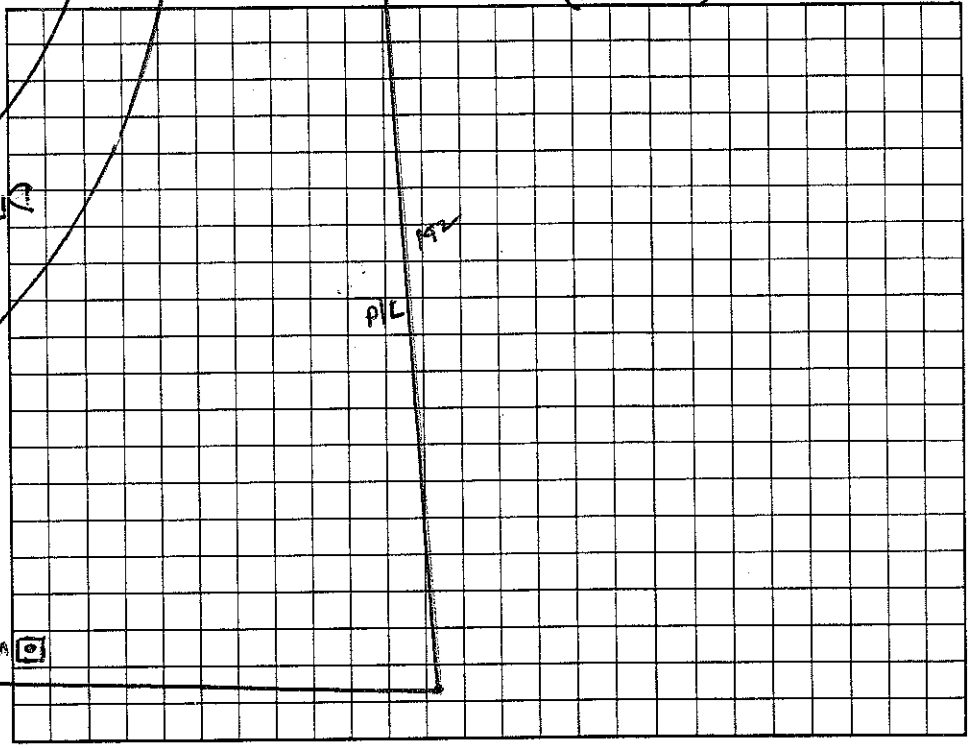
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH (1" = 50')



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: * Bonnie Clodfelter date 3-1-2000

Improvement Permit by: Wesley Sparks RS. date 2/28/00

Authorization to Construct by: Wesley Sparks RS. date 2/28/00

Installed by: Larry Beam

Operation Permit by: Wesley Sparks RS. date 9/28/00

Existing System Inspection by: _____ date _____

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