IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123265 PIN# 4649-17-8589.00 / 4649-27-5456 DATE June 16, 05

OWNER OR CONTRACTOR Phillsburgers / Countryman Dev. PHONE: Business _____ Home _____

ADDRESS P.O Box 990 Mooresville N.C. 28037

LOCATION Perth Rd (N) TR Ferry Hill Rd TL Carlyle Rd. ~100 yds on left

SUBDIVISION The Ramsler BLOCK / SECTION _____ LOT 1 LOT AREA .57 Ac SITE CLASS. PS 1 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 40 Date 3/4/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction "Accepted"

Repair System Description: 1 LPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

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

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

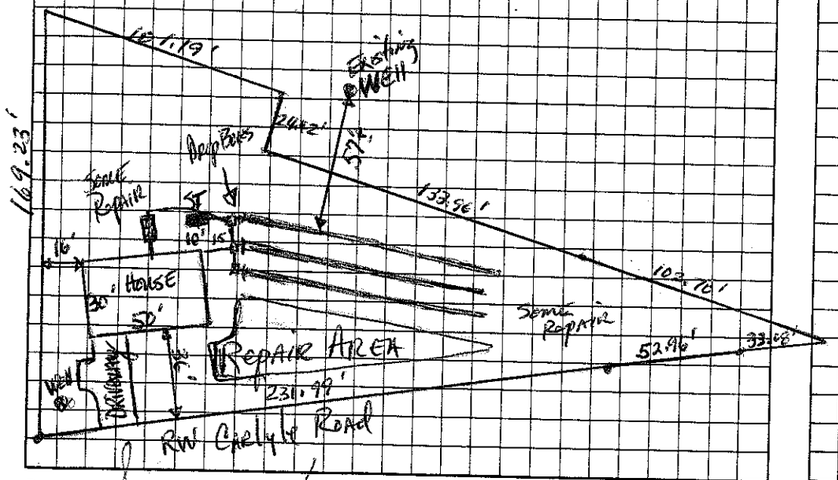
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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1"=60'

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 7/8/05

Improvement Permit by: _____ date 6-16-05

Authorization to Construct by: Wesley Sparks RS date 7/8/05

Installed by: Countryman Development

Operation Permit by: Wesley Sparks RS. date 11/7/05

Existing System Inspection by: _____ date _____

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