IREDELL COU[illegible] HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE [illegible]04-664-5281

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

PERMIT# 105394 PIN# ~~4649-75-0566.9~~ 4649-65-5673 DATE 6/10/03

OWNER OR CONTRACTOR Rebecca White PHONE: Business _____ Home 704-663-8220

ADDRESS 144 Gabriel Dr. Mooresville NC 28115

LOCATION 115 N, TL Flowerhouse Ln, TL Rankin Hill, TR Ty-Linn, on Lt / 133 Tylinn Way

SUBDIVISION Mag's Forest BLOCK / SECTION 3 LOT 9 LOT AREA 0.73AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 12/2/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduct.

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

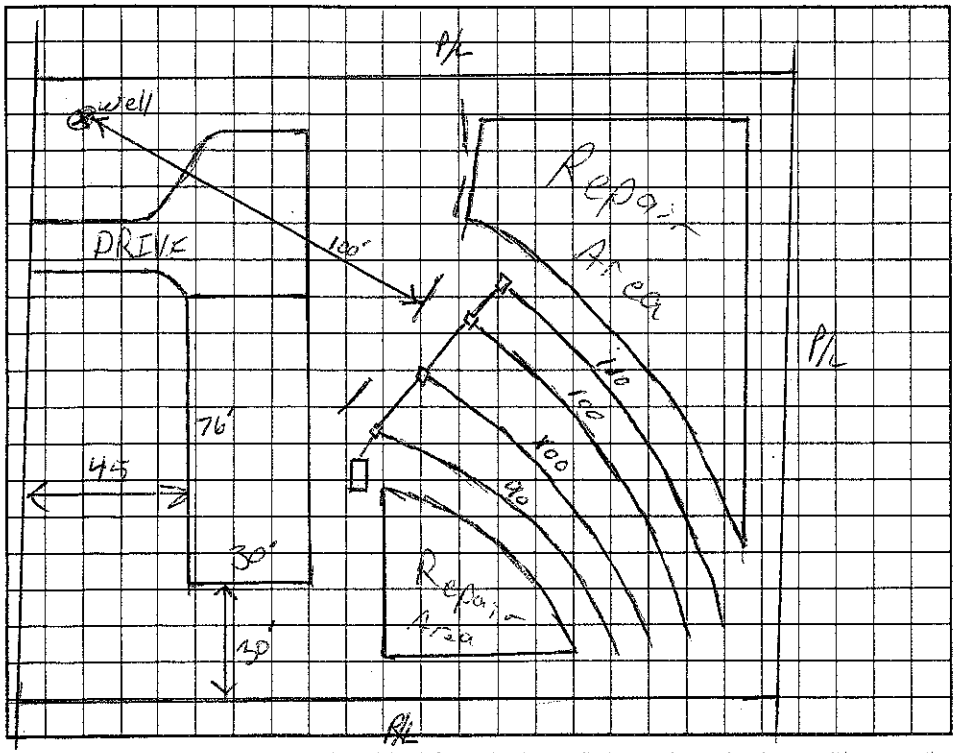
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Infiltrator installed.

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 10 June 03 Installed by: A-1 Backhoe

Improvement Permit by: _____ RS date 6/10/03 Operation Permit by: Wesley Sparks R.S. date 6/30/03

Authorization to Construct by: _____ RS date 6/10/03 Existing System Inspection by: _____ date _____

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