IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105406 PIN# ~~4649-75-0566.18~~ 4649-65-6486 DATE August 13, 02

OWNER OR CONTRACTOR Limestar Properties (Matt-Jennifer Sanders) PHONE: Business _____ Home _____

ADDRESS 1709 S. Main / Kannapolis, N.C. 28081 11809 Wentzy Pine Ln. Charlotte NC 28269

LOCATION Mayo Forest 115-21 N TL Flower House Loop TL Rankin Hill Rd. TR Laramie Ct. on left

SUBDIVISION Mayo Forest BLOCK / SECTION 3 LOT 18 LOT AREA .83Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 8/9/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity conventional
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home DW ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

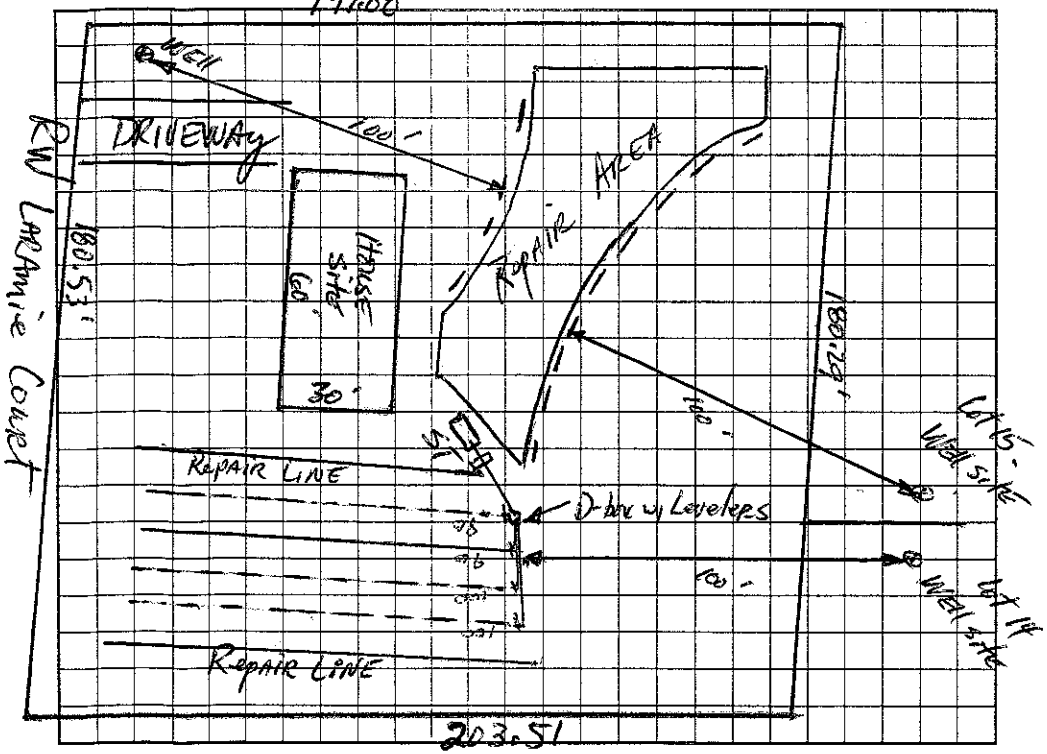
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Do Not cut home site.

1"=50'

Comments/Conditions:

199.88' 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 8-16-02 Installed by: Dennis Willis

Improvement Permit by: _____ date 8-13-02 Operation Permit by: Wesley Sparks R.S. date 10/3/02

Authorization to Construct by: Wesley Sparks RS date 8/21/02 Existing System Inspection by: _____ date _____

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