4,00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105408 PIN# ~~4649-75-0566.23~~ 4649-65-6760 DATE Aug 15, 02

OWNER OR CONTRACTOR Clifford Shinn / Southern Luxury Homes PHONE: Business (704) 662-3128 Home

ADDRESS 245 Stonewood Mooresville N.C. (704) 933-7200

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

SUBDIVISION Magic Forest BLOCK / SECTION 3 LOT 23 LOT AREA .80Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~350~~ 350 Date 6/24/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

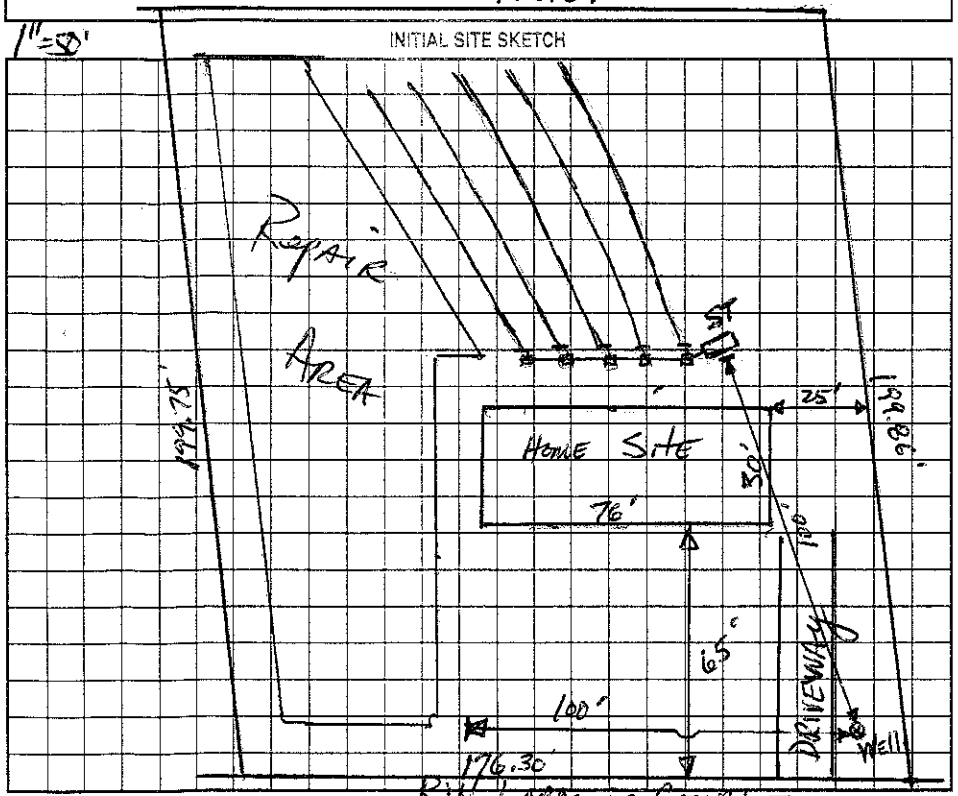
☐ House/Mod. Home No. Bedrooms 4/2
☑ Mobile Home SW No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: This permit replaces earlier permit issued 8-12-02

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Install As 4 @ 100' Infiltrators

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 8-15-02 Installed by: Piedmont Sept. 2

Improvement Permit by: _____, RS date 8-15-02 Operation Permit by: _____, RS date 9/5/02

Authorization to Construct by: _____, RS date 8-15-02 Existing System Inspection by: _____ date _____

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