IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 80.00 Paid MOORESVILLE 704-664-5281 1130

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

PERMIT# 105398 PIN# 4649-75-0566.17 4649-65-8466 DATE Nov 7,03

OWNER OR CONTRACTOR Promotion Prop. // Schutt Housing Advantage PHONE: Business _____ Home _____

ADDRESS 134 KOA Lane Statesville NC

LOCATION From Mocksville 115-21 N / TL Flower Home Loop TL Rockhill Rd. TR Ironmine Ct

SUBDIVISION Magic Forest BLOCK / SECTION B LOT 17 LOT AREA .82A SITE CLASS. P5 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1617 Date 6/15/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 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 ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

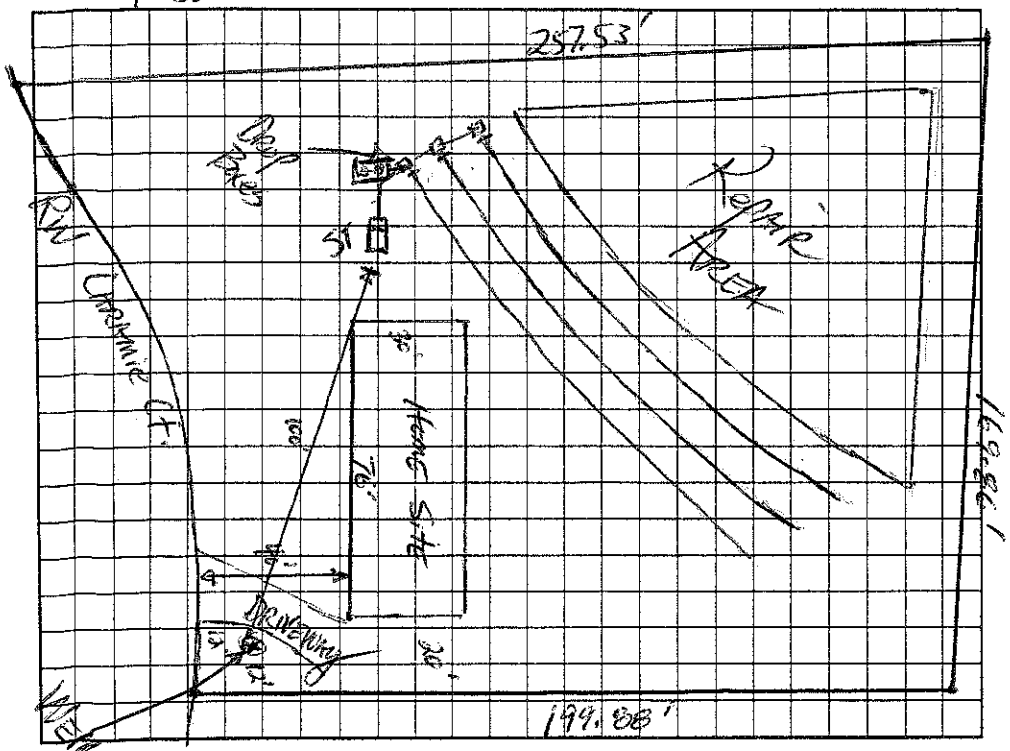
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
This permit replaces earlier permit issued 8-13-02

Comments:/Conditions:

1"=50' 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: Sarah Funderburk date 11-10-03 Installed by: A-1 Backhoe

Improvement Permit by: Marvel K. Harrison, RS date 11-7-03 Operation Permit by: Wesley Sparks RS date 12/3/03

Authorization to Construct by: Marvel K. Harrison, RS date 11-7-03 Existing System Inspection by: _____ date _____

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