IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111923 PIN# ~~4649 75 0165~~ 4649-85-4573 DATE 6/23/04

OWNER OR CONTRACTOR PRIMESTAR PROPERTIES / LGV Homes PHONE: Business 932-9100 Home

ADDRESS 1709 S MAIN ST. KANNAPOLIS NC 28081

LOCATION Flowerhouse Loop - TL RANKIN HILL - TL MAGIC FOREST - AT END

SUBDIVISION MAGIC FOREST BLOCK / SECTION 4 LOT 45 LOT AREA .91Ac SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .36 Pd/Ac

Septic Tank: 1000 Gallons; STB 1017 Date 5/21/04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% Reduction

Repair System Description: LA PLANC

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

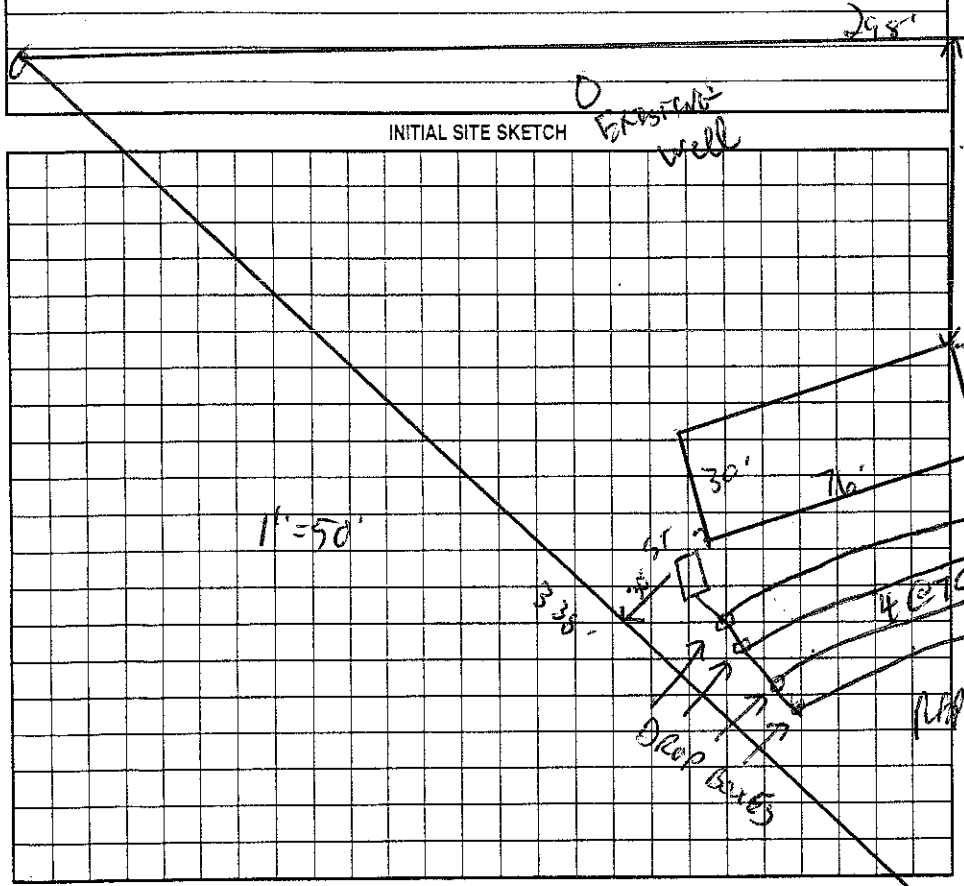
☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

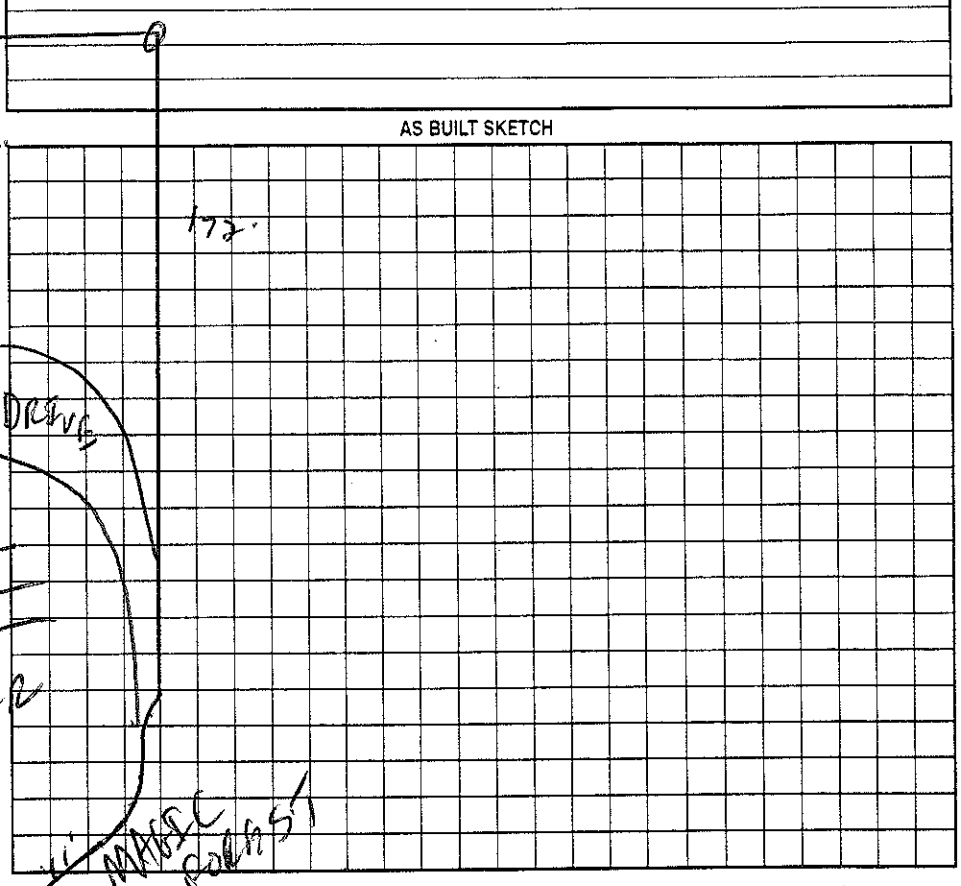
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

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 6/24/04 Installed by: A-1 Backhoe

Improvement Permit by: RS date 6/23/04 Operation Permit by: Wesley Sparks RS date 11/2/04

Authorization to Construct by: RS date 8/31/04 Existing System Inspection by: date

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