IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 119348 PIN# 4654 86 4462 DATE 4/13/03

OWNER OR CONTRACTOR Leche Home Builders/BRAD OGDEN PHONE: Business 704-948-4221 Home

ADDRESS 317 Winthrow Creek Mooresville, NC 28115

LOCATION 115 S. TL Presbyterian Rd. TR Sink Farm Rd., last lot on (L) before Community Well

SUBDIVISION Davidson Downs BLOCK / SECTION 1 LOT 32 LOT AREA 20304 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1009 Date 12/7/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4@50' Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: GRAVITY - 16" PPBPS

Repair System Description: SAME TYPE

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

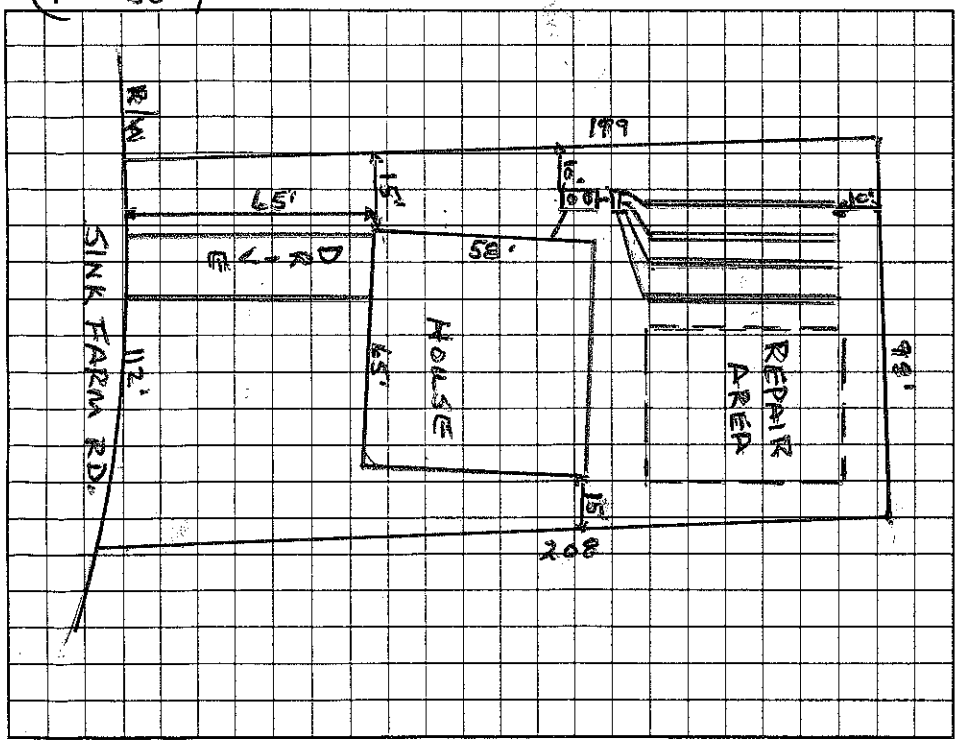
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: 1/18/06 - Mayuse 5 lines 40' long. Accs

Comments:/Conditions: 5 at 40' x 3' bottom bed

(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: ____ date 4/2/04

Improvement Permit by: Wesley Sparks RS. date 4/13/04

Authorization to Construct by: Wesley Sparks RS. date 4/13/04

Installed by: ____

Operation Permit by: Wesley Sparks RS. date 1/26/06

Existing System Inspection by: ____ date ____

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