IREDELL COUNTY HEALTH DEPARTMENT

$280

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

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

PERMIT# 110602 PIN# 4655 05 0120 DATE 1/6/03

OWNER OR CONTRACTOR STACEY HILL PHONE: Business / Home

ADDRESS 160 MT MOURNE LOOP, MT MOURNE, NC. 28117 / 165 MT MOURNE LP.

LOCATION 115 S TR LANGTREE TL 1ST MT MOURNE ON (L) after CURVE

SUBDIVISION No BLOCK / SECTION LOT LOT AREA >20,000 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 5/6/02
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 3 Max Trench Bottom Depth 30" Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV - TYPE 3
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

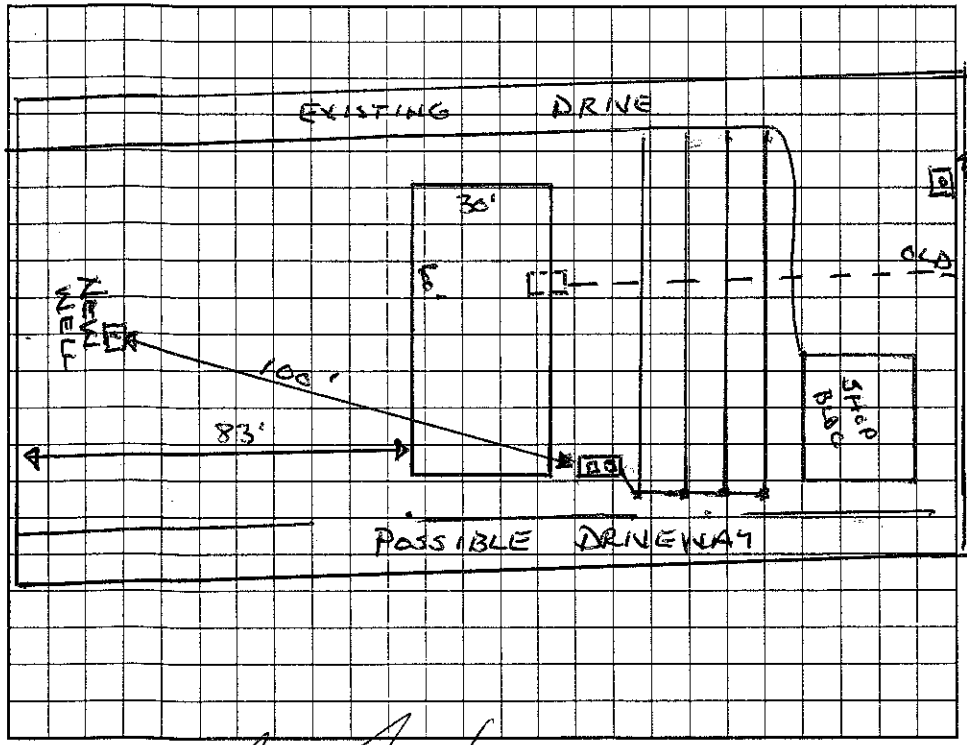
Water Supply: [X] Individual [ ] Public [ ] Community
NEW

Comments:/Conditions: Abandonment Form must be presented to ICHD. before Oper. Permit will be issued.
30" Maximum Trench Depth.

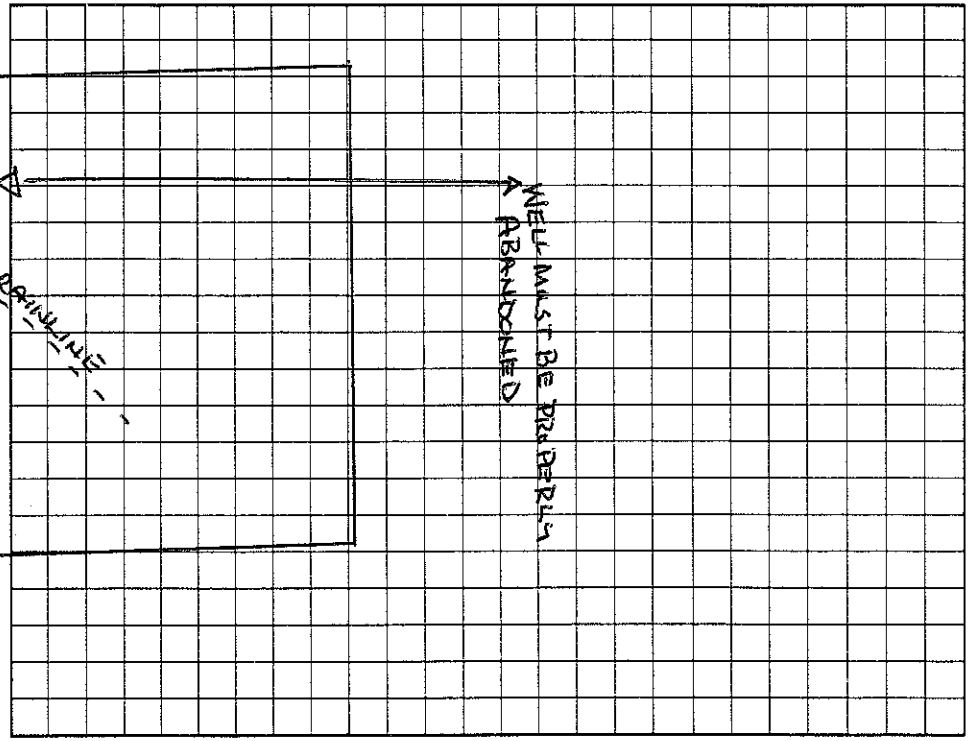
Comments:/Conditions:
Aerator installed

1" = 40'

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: [signature] date

Improvement Permit by: Wesley Sparks R.S. date 1/6/02

Authorization to Construct by: Wesley Sparks R.S. date 1/6/02

installed by: Tommy Frye

Operation Permit by: Wesley Sparks R.S. date 1/28/02

Existing System Inspection by: date

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