IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #130 MOORESVILLE 704-664-5281

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

PERMIT# 108269 PIN# 4655 25 6836 DATE 8/12/02

OWNER OR CONTRACTOR Ray M Cook // Joseph Gallman PHONE: Business _____ Home 704-895-1923

ADDRESS 104 Live Oak Ln. Mooresville, NC. 28115

LOCATION 115 S TL Faith Rd. TR Live Oak Ln., 3 tract on (R)

SUBDIVISION LG CALDWELL BLOCK / SECTION _____ LOT 12 LOT AREA ~5.24AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 5/11/04
Pump Tank: 1000 Gallons; PT 27 Date 6/1/04
Pump Make: MYERS Model WEO-150 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth _____

(X) New System ( ) Repair System Type: I, II, (III), IV, V, VI
System Description: PM → 25% Reduced
Repair System Description: Press 16" PPBS
Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home No. Bedrooms 3
( ) Mobile Home No. Bathrooms 3.5
( ) Business No. Employees _____
( ) Other _____
( ) Slab ( ) Crawl Space (X) Basement w/plumbing ( ) Basement wo/plumbing

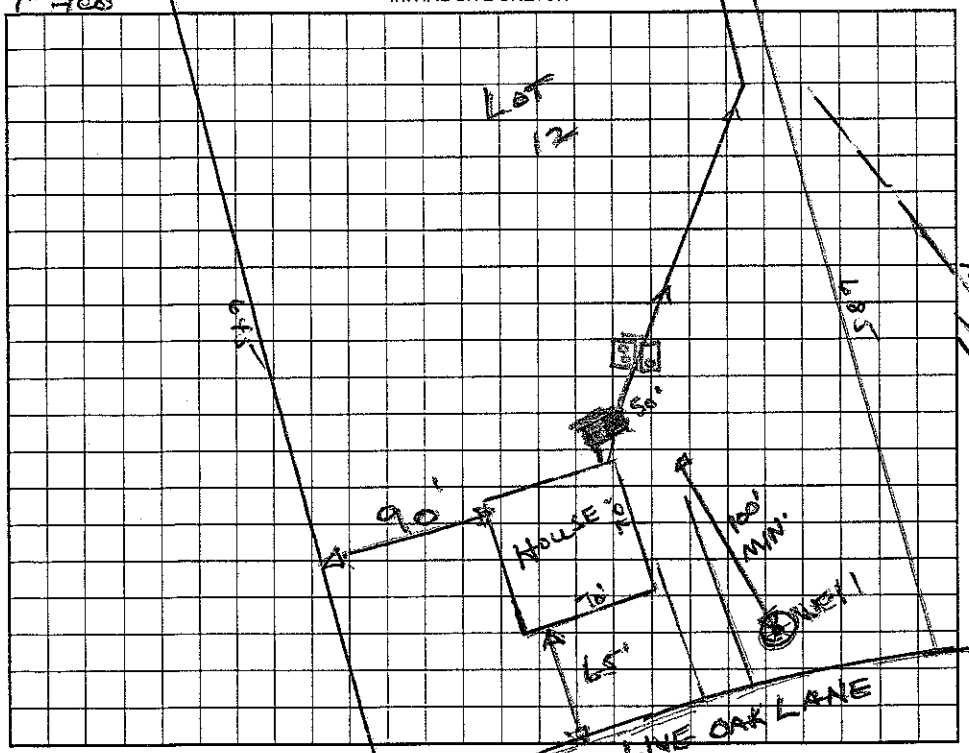
Water Supply: (X) Individual ( ) Public ( ) Community

Comments:/Conditions:

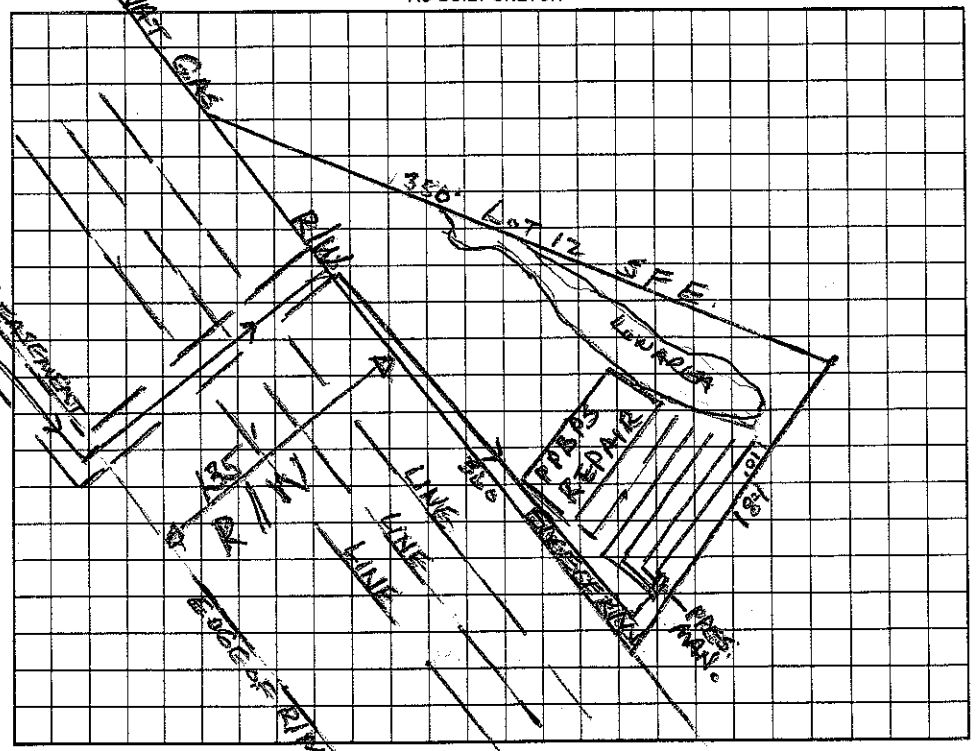
Comments:/Conditions: 11/9/04 Tanks, Drainfield Checked.

INITIAL SITE SKETCH

1" = 100'



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: Ray M. Cook date _____ Installed by: Tim Simmons

Improvement Permit by: Wesley Sparks R.S. date 8/12/02 Operation Permit by: Wesley Sparks R.S. date 9/3/04

Authorization to Construct by: _____ R.S. date 10/24/03 Existing System Inspection by: _____ date _____

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