Paid 50.00 Sammy 902-2039 11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083529 PIN# 4655462384 45 DATE 5-5-00

OWNER OR CONTRACTOR Kerri Sprinkles PHONE: Business _____ Home 892-0139

ADDRESS 21909 Shearer Rd. Davidson, NC 28036

LOCATION Hwy 115 S TL Faith TL Jennie Marie

SUBDIVISION Serene Lake BLOCK / SECTION _____ LOT 28 LOT AREA 2.17 Acre SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RST 825 Date 3-8-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1605' Linear Feet 535'
No Lines 5 @ 107' Trench Width 36" Max Trench Bottom Depth ~~24~~ 18" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Gravity - Shallow 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

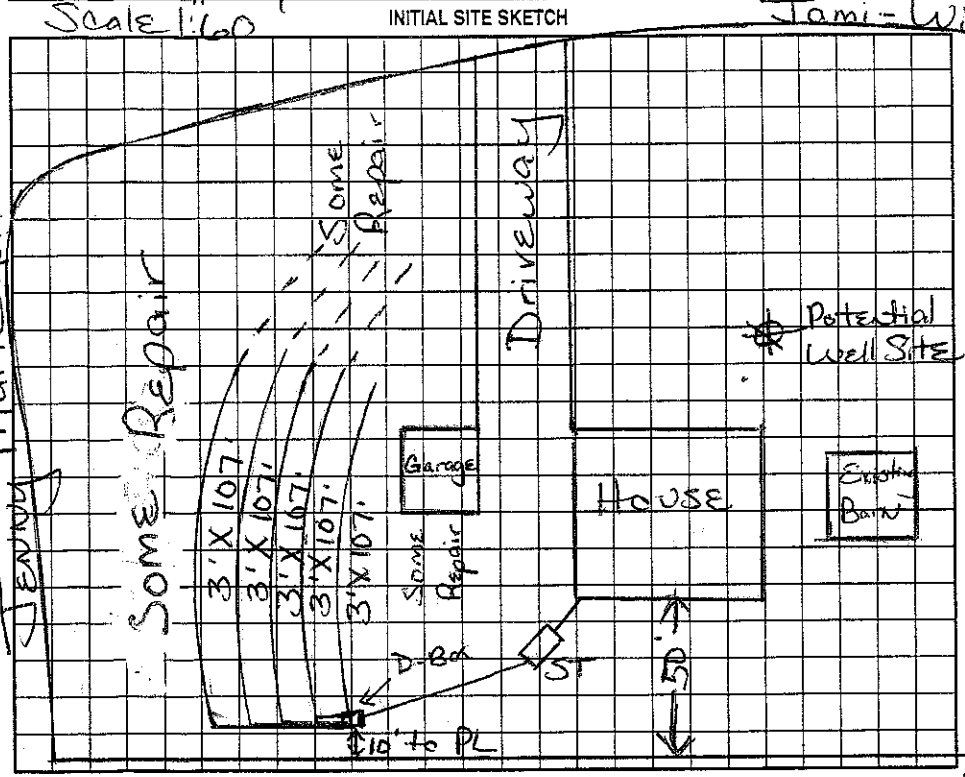
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

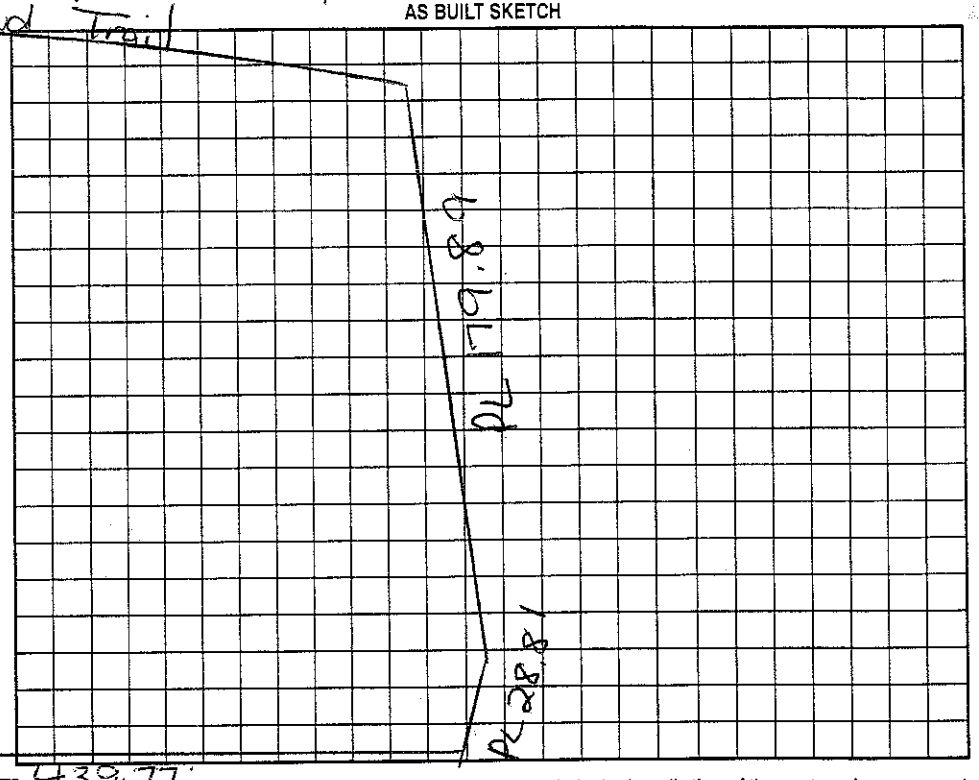
Comments:/Conditions: Keep Septic System at least 10' from PL & 5' from any building foundation & 100' from well.

Comments:/Conditions: (Rock VEIN runs along middle of trenches) Change to 4 lines @ 133' eq. 5/18/2000 Checked ~~to ensure 3 lines = 1 eq~~ to add 33' Trench checked

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: Kerri Sprinkles date 5-8-2000 Installed by: LW Grading

Improvement Permit by: Maria H. Dolan R.S. date 5/5/2000 Operation Permit by: Maria H. Dolan R.S. date 5/19/2000

Authorization to Construct by: Maria H. Dolan RS date 5/5/2000 Existing System Inspection by: _____ date _____

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