IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091628 PIN# 4655 45 5158 DATE 10/13/00

OWNER OR CONTRACTOR Andrew Phillips PHONE: Business _____ Home 663-1116

ADDRESS 1093 Shearers Rd. Mooresville, NC. 28115

LOCATION 115 S to Faith (L) Jerry Mann (R) Jamie Wind on (R) before end de sac

SUBDIVISION Serene Lake BLOCK / SECTION _____ LOT 5 LOT AREA .99 SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 354 Date 7/30/01
Pump Tank: 1000 Gallons; PT _____ Date 7/26/01
Pump Make: ENVIROMATIC Model SK-50A Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *
No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: Pres. Manifold - EZ Flow - CH. Alas
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth: SAND [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____

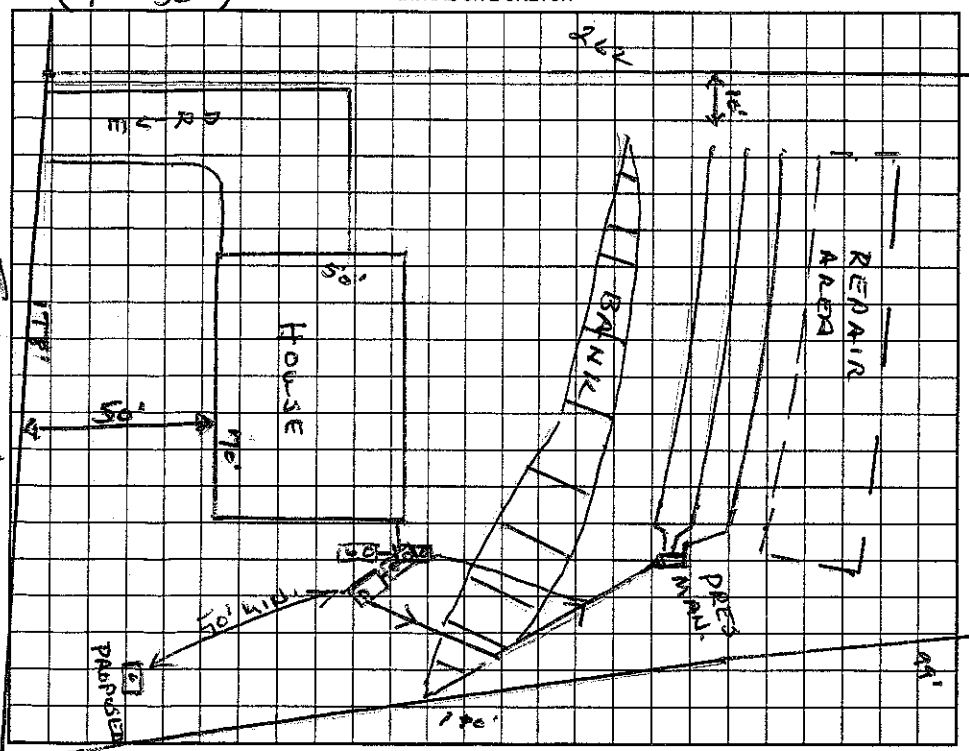
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: * 25% Reduced System - Install what is shown on this permit.

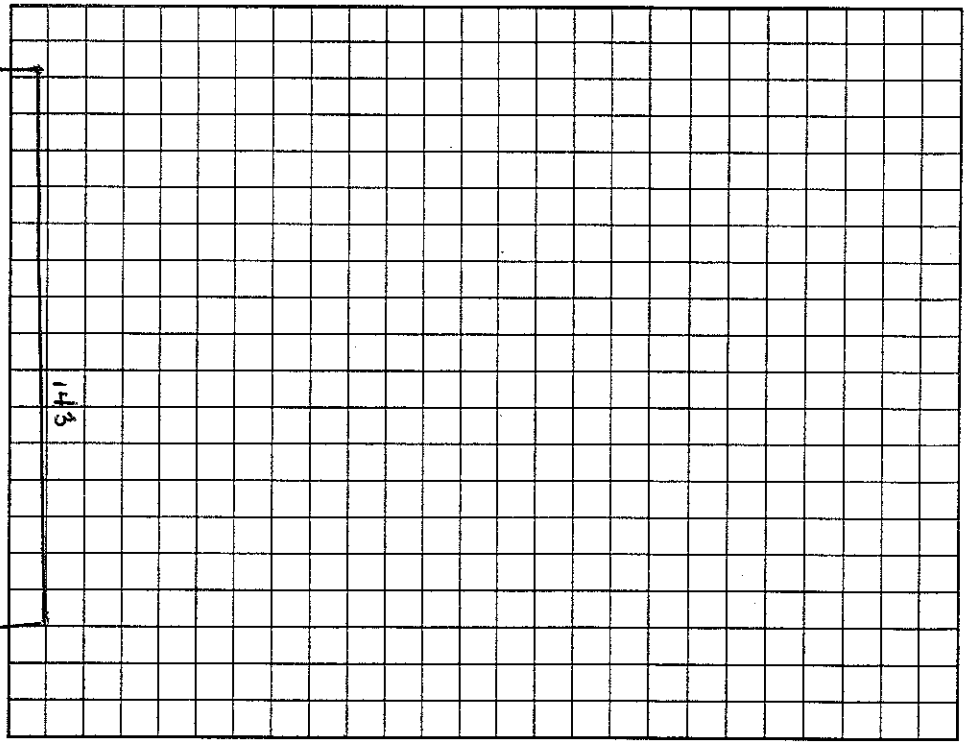
Comments:/Conditions:

(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: * [signature] date 10-19-00 Installed by: McLeod Const.

Improvement Permit by: Wesley Sparks RS. date 10/13/00 Operation Permit by: Wesley Sparks RS date 2/4/02

Authorization to Construct by: Wesley Sparks RS. date 10/13/00 Existing System Inspection by: _____ date _____

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