10:30 - Doug Spear

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79646 PIN# 4656 99221 DATE 3/25/99

OWNER OR CONTRACTOR CRAIG CLINE PHONE: Business Home 664-2940

ADDRESS 354 MACKWOOD RD - MOORESVILLE - NC 28115

LOCATION 115 S - TL MACKWOOD - ON RT BEHIND #354 MACKWOOD

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. - .3gal

Septic Tank: 1000 Gallons; STB 160 Date 3/1/99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 270
No Lines 3@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

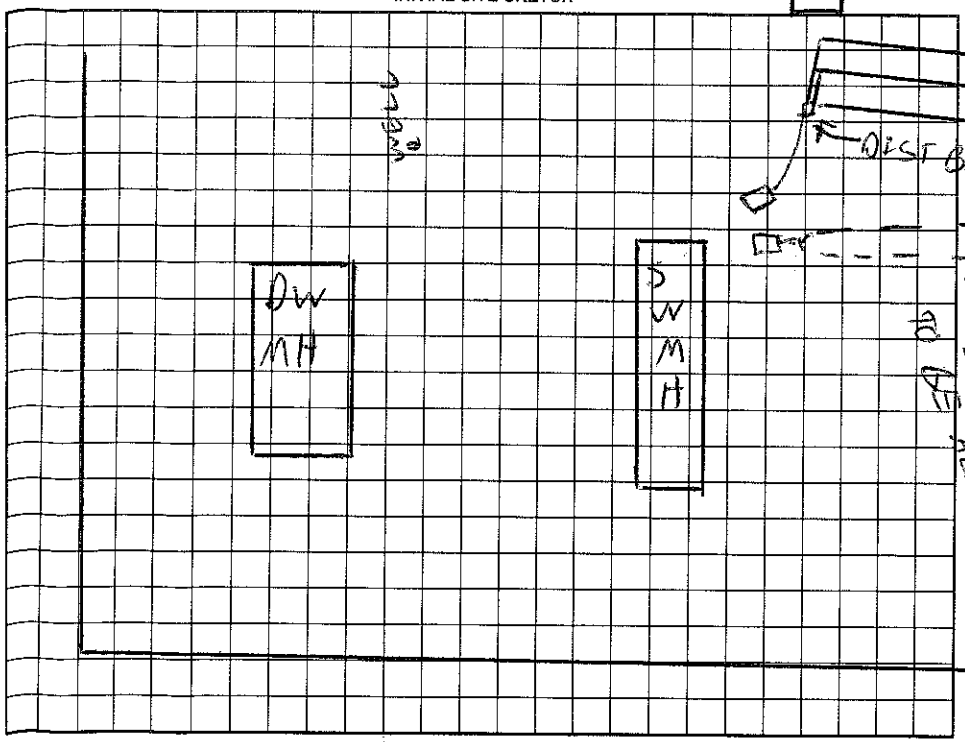
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

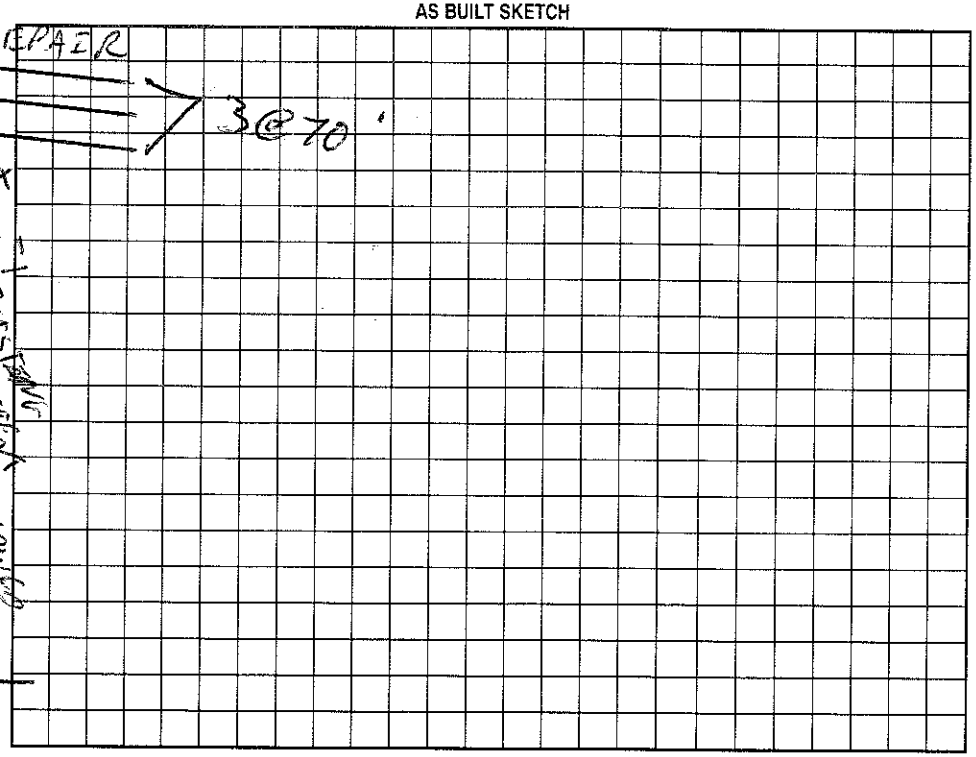
Comments:/Conditions:

Comments:/Conditions:

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: Paul O Martin date

Improvement Permit by: C. Myers RS date 3/25/99

Authorization to Construct by: C. Myers RS date 3/25/99

Installed by: Doug SPEAR

Operation Permit by: C. Myers RS date 4/8/99

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79646 PIN# 4655699221 DATE 3/23/99

OWNER OR CONTRACTOR CRAIG CLINE PHONE: Business ____ Home 664-2940

ADDRESS 354 MACKWOOD RD MOORESVILLE NC 28115

LOCATION 1155 - TL MACKWOOD - ON RT ~~150~~ BEHIND # 354 MACKWOOD - (1 MILE)

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 AC SITE CLASS. KS DESIGN FLOW 240 L.T.A.R. —

Septic Tank: ____ Gallons: STB ____ Date ____

Pump Tank: EXISTING Gallons: ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: CONVENTIONAL

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

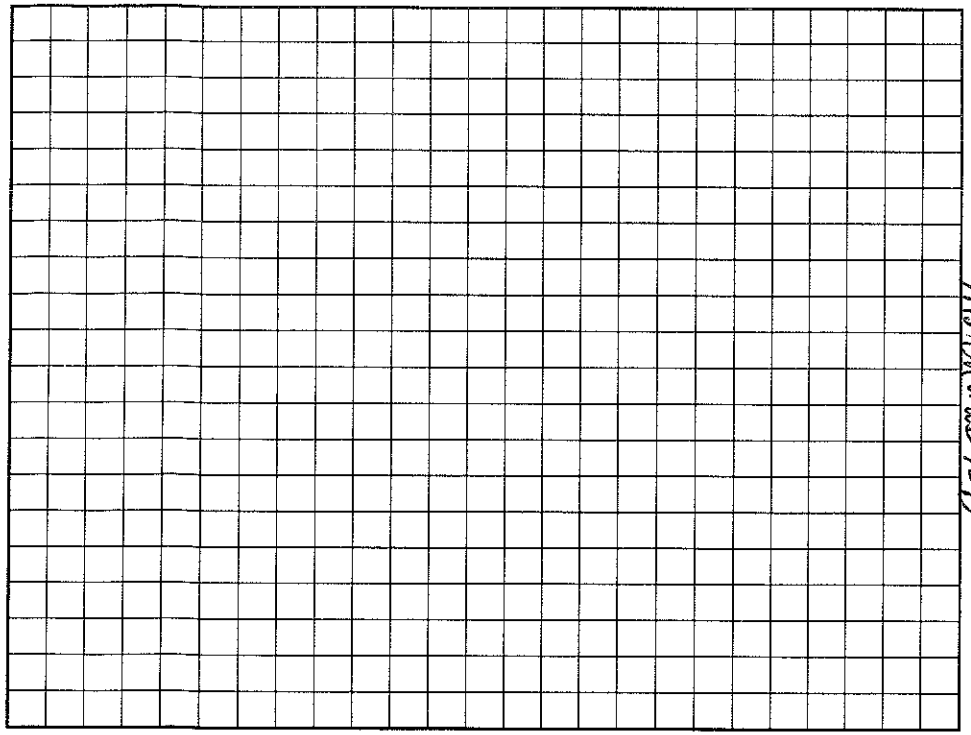
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

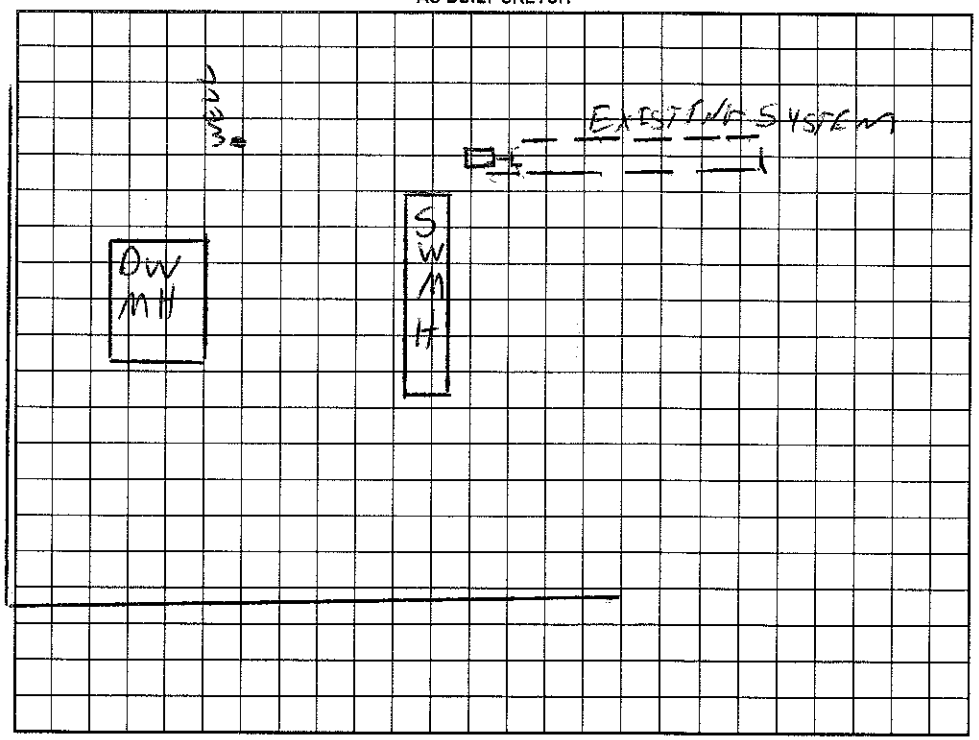
Comments:/Conditions:

EXISTING

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: April O. Martin date 3-24-99

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: C. [signature] RS date 3/23/99

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