2.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1520607 PIN# 4657 118 3163 DATE 9/22/08

OWNER OR APPLICANT Bob Gates PHONE: Business 704.664.2121 Home Same

ADDRESS P.O. Box 150, Mooresville, NC 28115

LOCATION 21 N, TL just after Wilson, 2806 Charlotte Hwy

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 24.488 SITE CLASS. P.S. DESIGN FLOW 500 gpd L.T.A.R. 0.3

Septic Tank: ~~1000~~ Gallons: STB 312 Date 7-7-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 16660 Linear Feet ____

No Lines 4X104' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☑ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% gravity

Repair System Description: pu

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other

No. Bedrooms ____ No. Persons ____ No. Employees 20

Water Supply: ☐ Individual ☐ Public ☐ Community

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

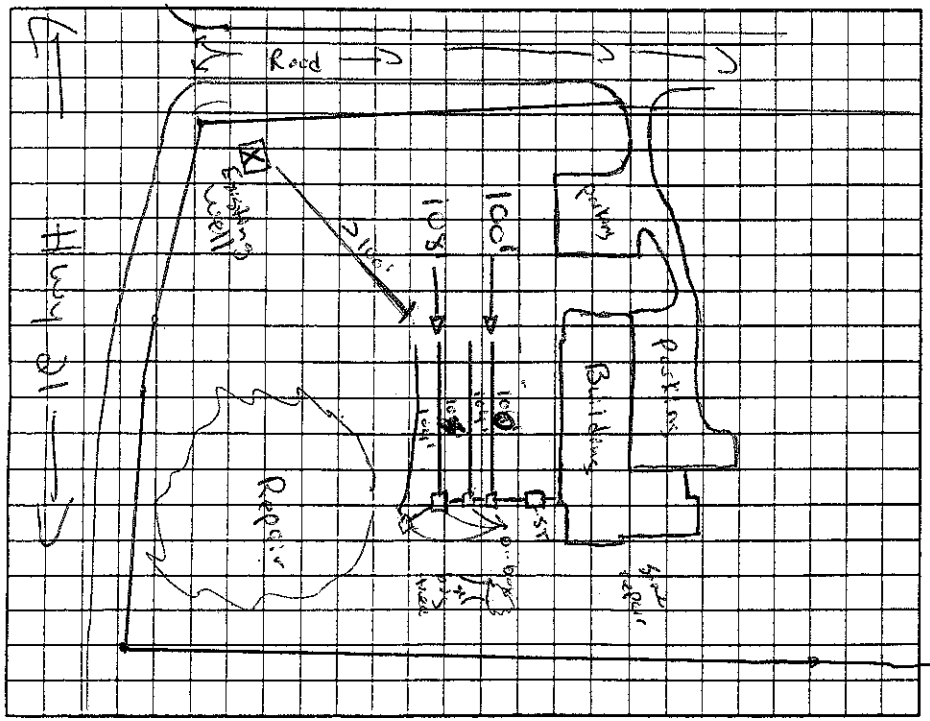
Comments/Conditions: * - 1000 gal tank

* Install on contour, maintain all setbacks

* old tank must be pumped, crushed & filled

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

* Install 4 x 104' lines, starting near bottom of slope, adjacent to big tree

1) USED END CAPS INSTEAD OF DROP BOXES BA

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 plan 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 9/23/08 Installed by: Beam

Improvement Permit by: [signature] date 9/22/08 Operation Permit by: [signature] date 10-6-08

Authorization to Construct by: [signature] date 9/22/08 Existing System Inspection by: ____ date ____

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