IREDELL COUNTY HEALTH DEPARTMENT

ST SVILLE 704-878-5305 280.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 127857 PIN# 4658 34 7246 DATE 5/13/05

OWNER OR CONTRACTOR Expression Homes - Roger Eller PHONE: Business _____ Home _____

ADDRESS 114 Blessing Ln. Mooresville, NC. 28117

LOCATION 21 N TL Cashelius Rd. TL Blessing Ln. 3 site on (R)

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA 1.33 AC SITE CLASS RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10/23/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ 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: GRAVITY → 25% Reduced
Repair System Description: NONE
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 1
[ ] Business No. Employees ____
[ ] Other _____
Gravel Depth No [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

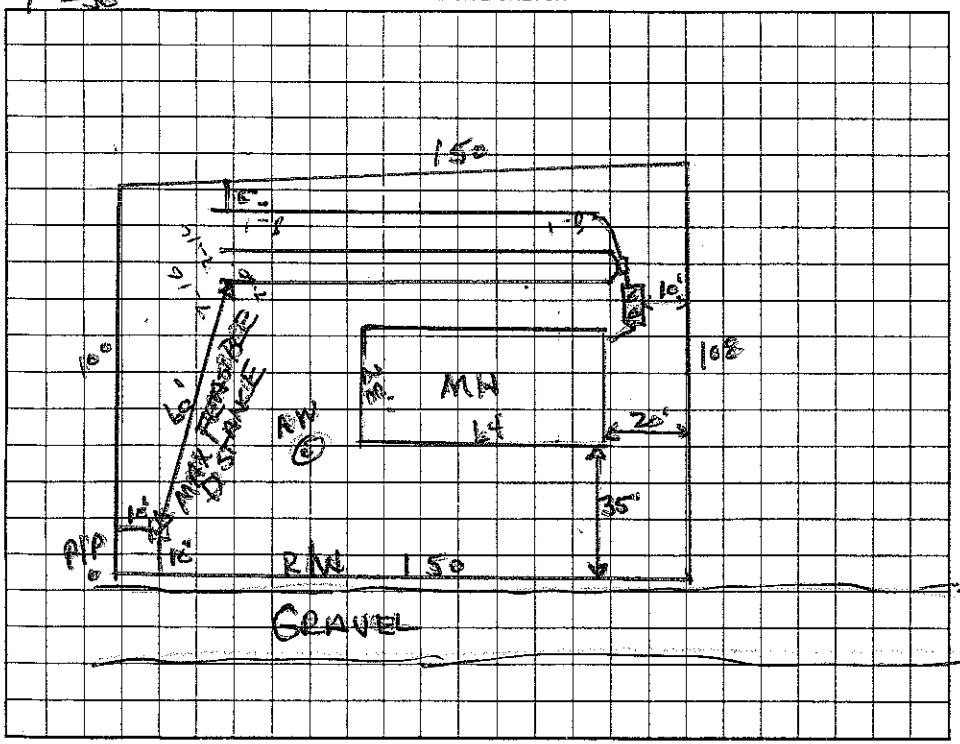
Water Supply: [X] Individual [ ] Public [ ] Community NEW LOCATION

Comments:/Conditions: BURNED OUT HOME
OLD WELL ABANDONED TO CREATE MINIMUM ROOM FOR NEW SEPTIC TANK SYSTEM. OLD SYSTEM WAS CLOSER THAN 50' TO OLD WELL (AW)

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: _____ date 5/17/05 Installed by: Craig Thompson

Improvement Permit by: Wesley Sparks RS. date 5/13/05 Operation Permit by: Wesley Sparks RS date 5/25/05

Authorization to Construct by: Wesley Sparks RS date 5/13/05 Existing System Inspection by: _____ date _____

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