IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090857 PIN# 4658995249(Pt) 4658-99-2415 Dana Seymour

OWNER OR CONTRACTOR Bruce Maki DATE 7/15/03

ADDRESS 118 Skylark Way Mooresville, NC 28115 PHONE: Business 598-5625 Home (704) 717-0098

LOCATION Hwy 115 N TR Shinnville Rd TL Carolina Wren TL Barnswallow TR Skylark on right

SUBDIVISION Grace Meadows BLOCK / SECTION ______ LOT 16 LOT AREA 50,695 Ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 182 Date 7/30/03
Pump Tank: 1000 Gallons; PT 40 Date 7/11/03
Pump Make: ZOEller Model M152A Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: pump-pm-25% Reduction
Repair System Description: pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

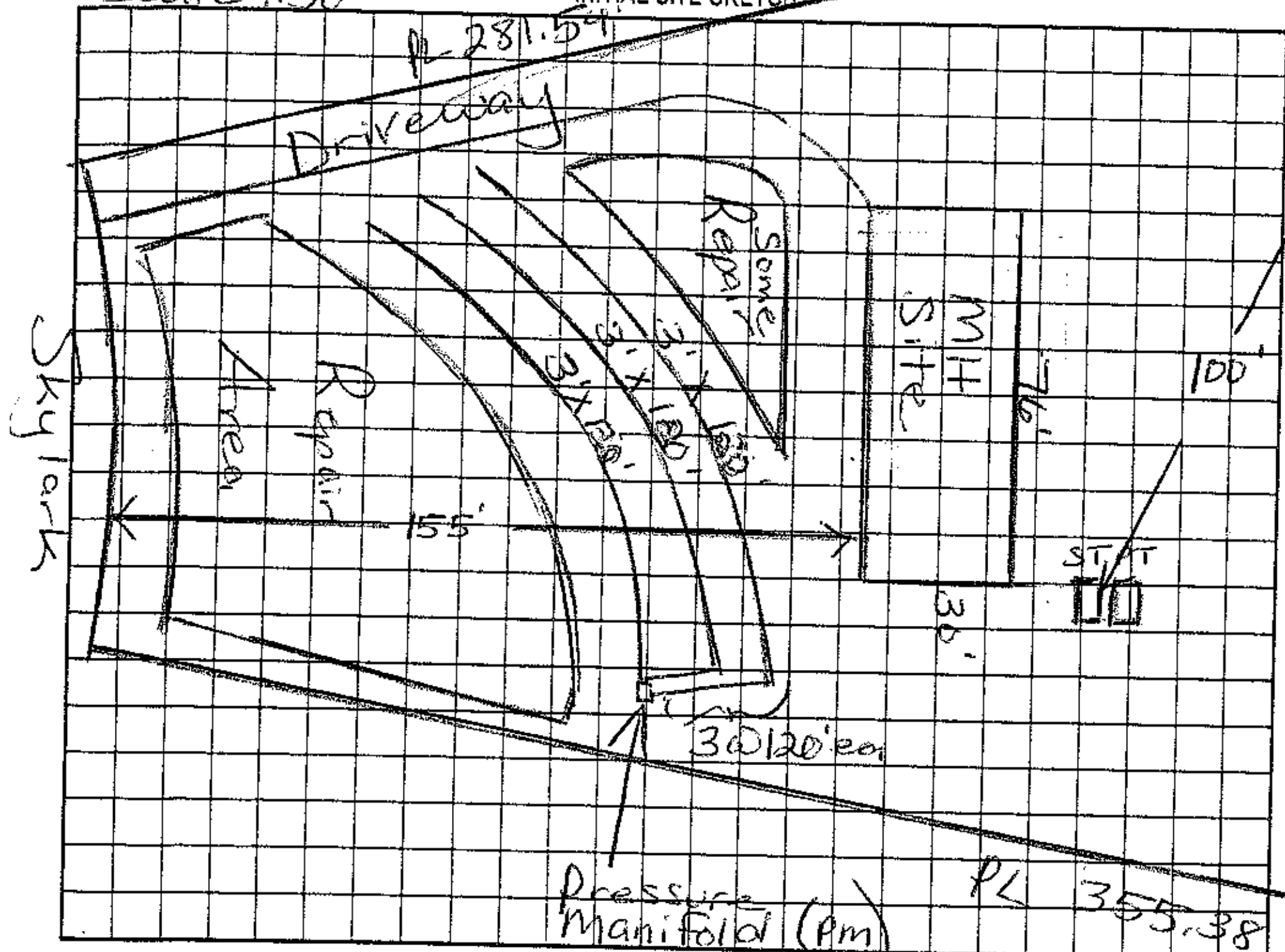
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Install well as shown; 100' minimum from well. Stay at least 10' from PL

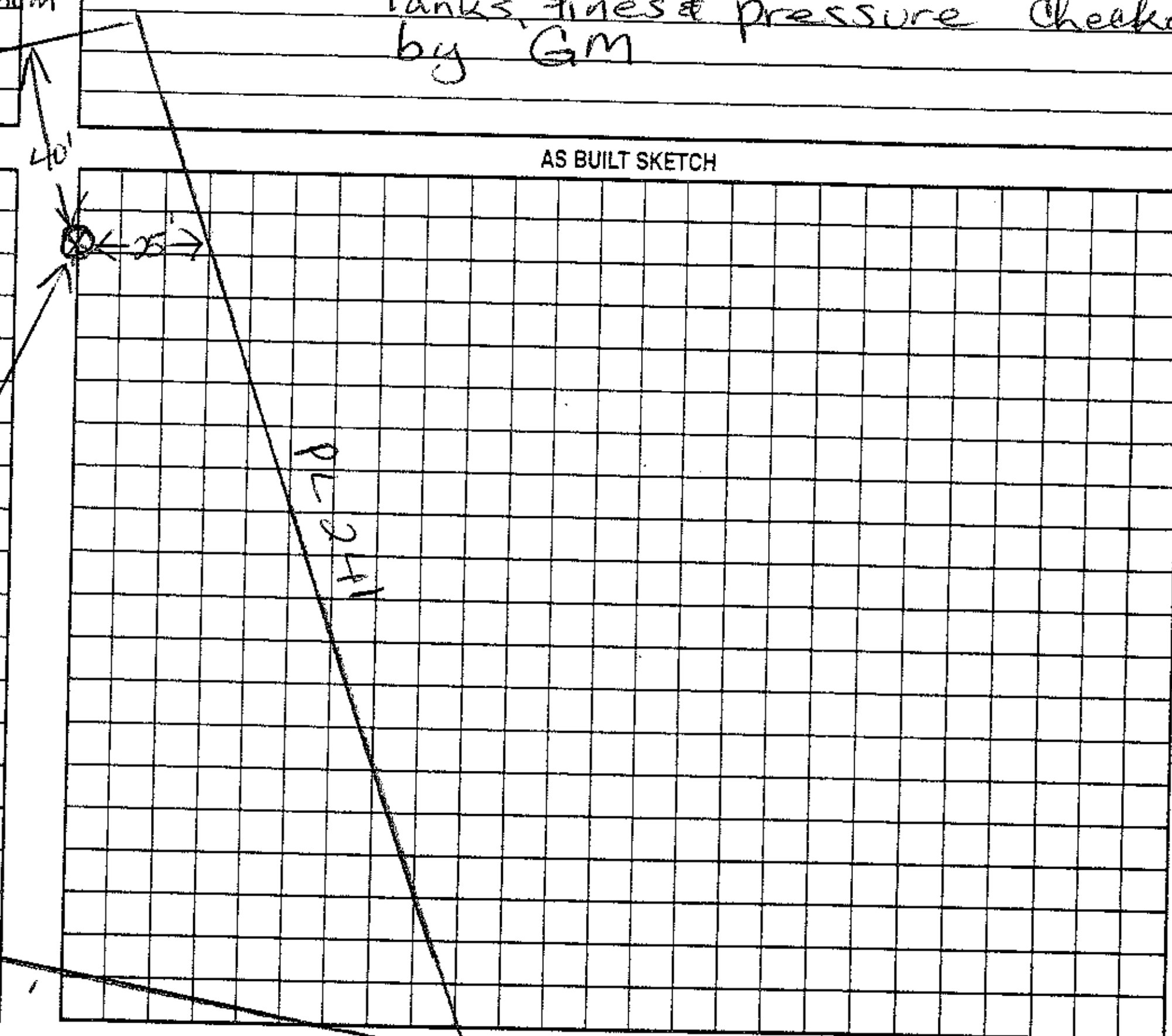
Comments:/Conditions: Tanks, lines & pressure checked by GM

Scale 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: Dana Seymour date ______ Installed by: Dennis Willis

Improvement Permit by: Maria H H Dobson R.S. date 7/15/03 Operation Permit by: Maria H H Dobson RS date 9/22/03

Authorization to Construct by: Maria H H Dobson R.S. date 7/15/03 Existing System Inspection by: ______ date ______

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