IREDELL COUNTY HEALTH DEPARTMENT

Construction 4659073330

4th. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24863 DATE 7-20-97 TAX MAP NO. 4E A12 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Dyatt Dev. Co. PHONE: Business _____ Home _____

ADDRESS 142 Shutts Rd Mooresville, NC

LOCATION 21 N. to Sailwinds TL 14th lot on RT

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 14 LOT AREA 21780 sq. ft. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/19/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - Plastic Chamber

Repair System Description: Grav. - Modified

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

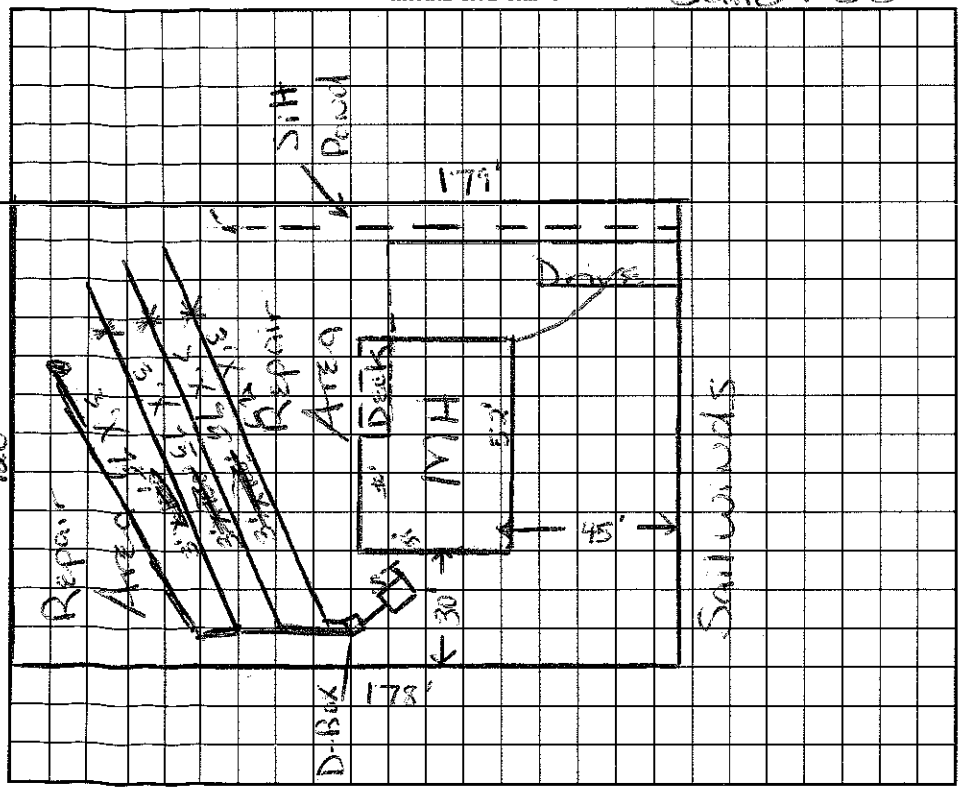
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments: Keep Septic System at least 15' from Silt Pond unless filled properly.
*Install inspection ports near end of each lateral

Comments:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

SAME AS SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Marina H. Dotson date 6/21/97

~~Existing System~~ Inspection by: Marina H. Dotson date 6/21/97

Installed by: ATLANTIC EXCAVATING

Certificate of Completion by: _____ date _____

Operation Permit by: C. [illegible] date 7/3/97

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

Construct