IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (10:00) MOORESVILLE 704-664-5281

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

PERMIT# 088595 PIN# 4659 24 4671 DATE 4/13/00

OWNER OR CONTRACTOR Hugh C Cowan PHONE: Business _____ Home 528-6050

ADDRESS 138 Parkertown Rd. Mooresville, NC. 28115

LOCATION 115 S on (R) just past Parkertown Rd.

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~ 2.0 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3-3-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' x 3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: GRAV - CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

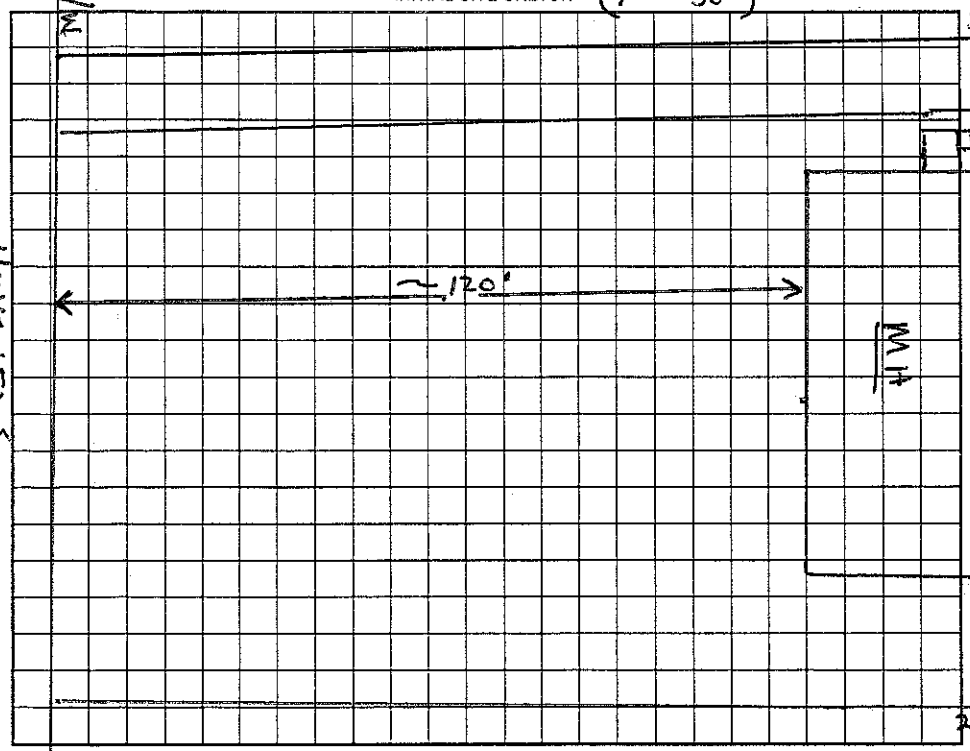
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

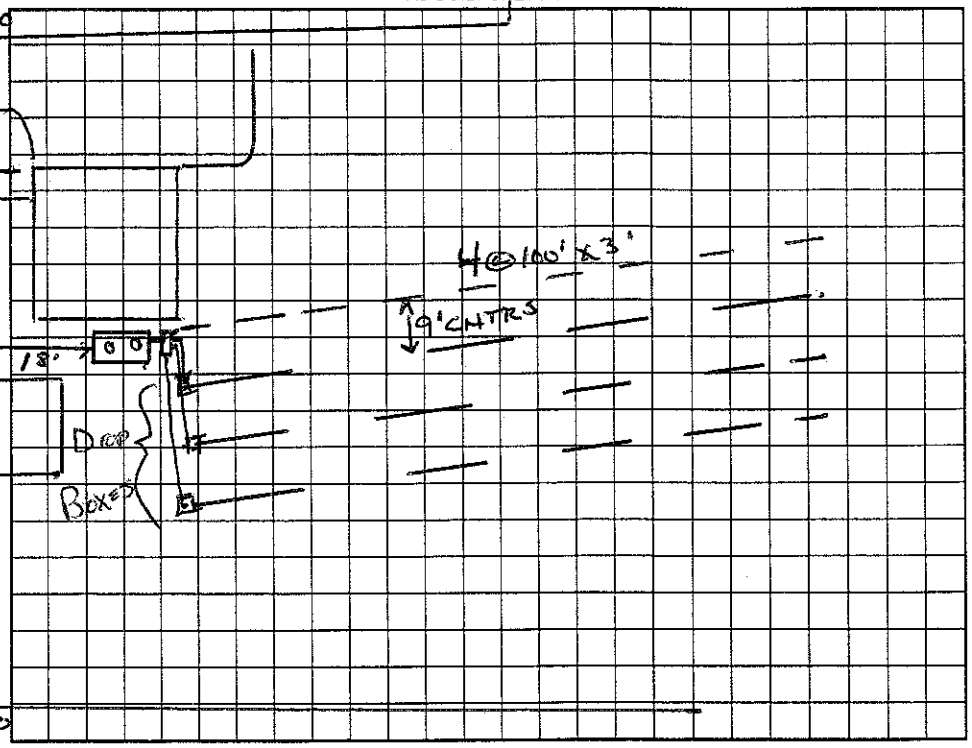
Comments:/Conditions:

Comments:/Conditions: Installed as Drawn With Drop boxes. Filter installed.

INITIAL SITE SKETCH (1" = 30')



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: + Hugh C Cowan date 4/14/00 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks RS. date 4/13/00 Operation Permit by: Wesley Sparks RS date 5/4/00

Authorization to Construct by: Wesley Sparks RS. date 4/13/00 Existing System Inspection by: _____ date _____

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