IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5287

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

$130

PERMIT# 114066 H4068 PIN# 4859 75 4212 4659755139 DATE 8/6/03

OWNER OR CONTRACTOR Wayne Homes LLC / Karen Owenby PHONE: Business _____ Home 704-892-8742

ADDRESS 109 Staff Ln. Mooresville, NC. 28115

LOCATION 115 N TR Shepherd Rd. TL Staff Ln, 1st drive on (L) 109

SUBDIVISION ~~Shepherdsfield~~ BLOCK / SECTION _____ LOT 1 LOT AREA 1.08 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 7/16/03
Pump Tank: 1000 Gallons; PT 302 Date 7/19/03
Pump Make: MYERS Model MW50-1LP Serial No. 8/03
Nitrification Field: No Fields 1 Square Feet 1200± Linear Feet 400±
No Lines 5@80' Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Pump-PM-Type 3 drainfield
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

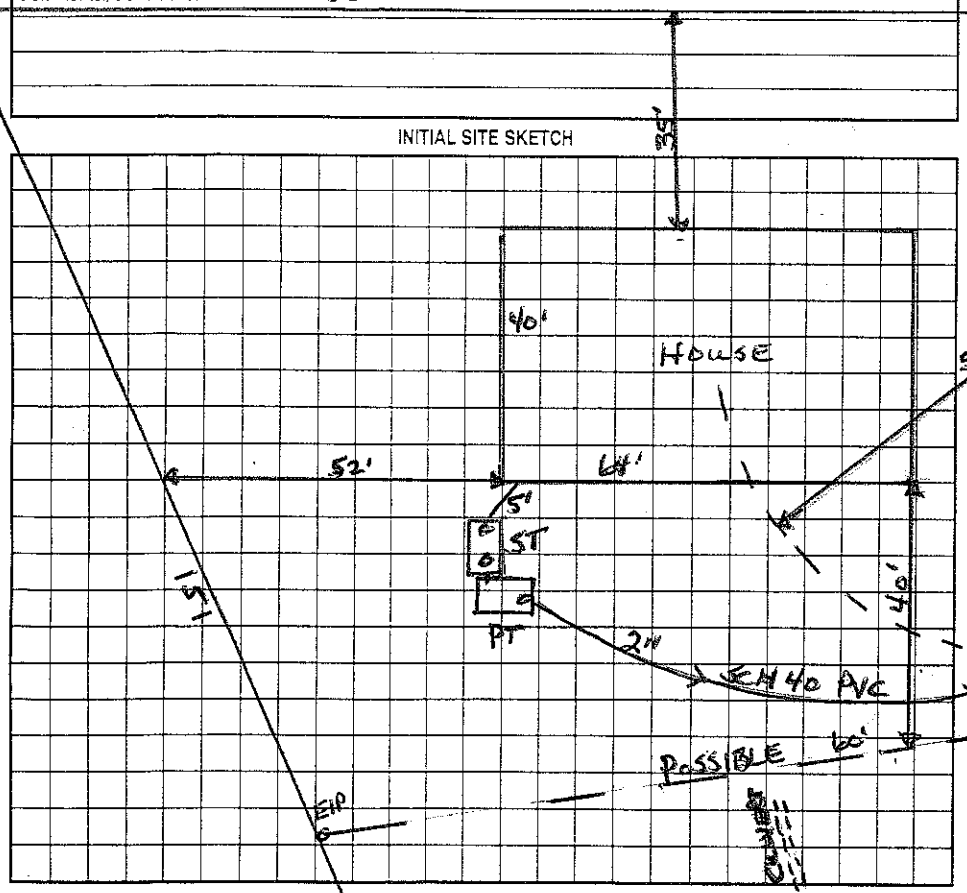
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

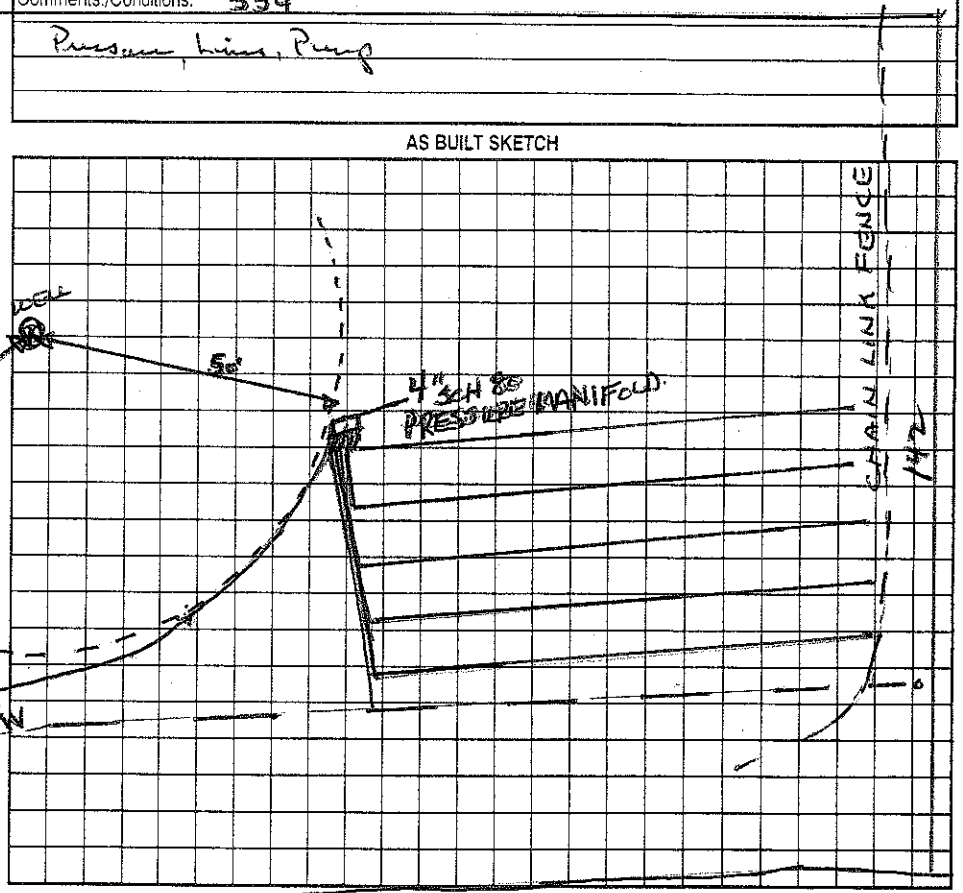
Comments:/Conditions: 1" = 30'

Comments:/Conditions: 334
Pressure Line, Pump

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: [signature] date _____ Installed by: Williams Grading Co.

Improvement Permit by: Wesley Sparks RS date 8/6/03 Operation Permit by: Wesley Sparks RS date 11/19/03

Authorization to Construct by: Wesley Sparks RS date 8/6/03 Existing System Inspection by: _____ date _____

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