4659968093 10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100104 PIN# 4669050834/0424 PT M.516-8758 M.Young DATE 5-11-2001

OWNER OR CONTRACTOR Jerry Cline PHONE: Business 892-4103 Home 664-3373

ADDRESS 1554 Sheafers Rd Mooresville NC 28115

LOCATION Hwy 115 N TL Shepherds Rd ~ 1 mile TR Stoweaway Ln (Gravel) Cross Creek Newdrive

SUBDIVISION Stowe & Cooke Farm BLOCK / SECTION ____ LOT 2 LOT AREA 7.98 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. e 3

Septic Tank: 1000 Gallons; STB 794 Date 5-24-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI

System Description: Gravity - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3.5 No. Employees ____

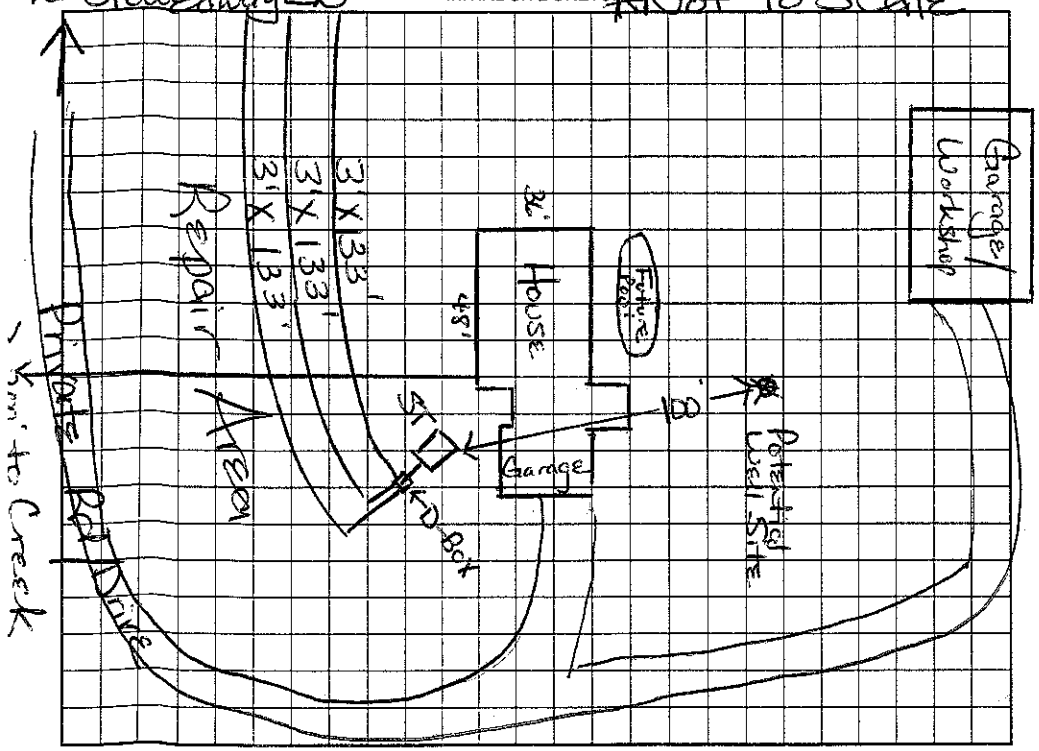
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

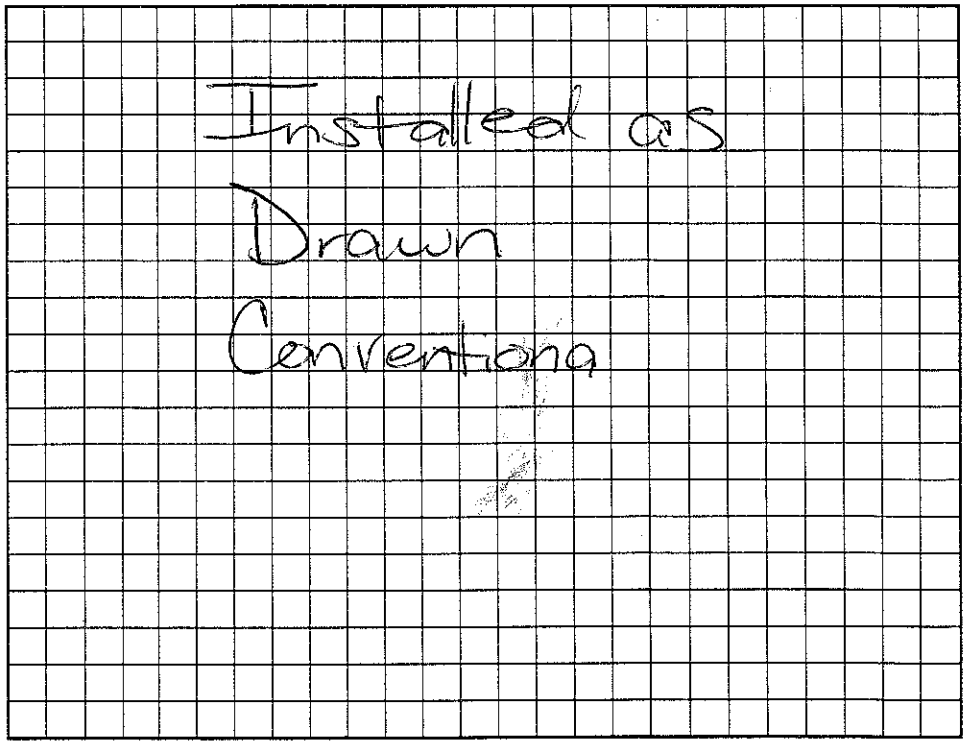
Comments/Conditions: Keep Septic System at least 5' from house and 100' from Well.

Comments/Conditions: Installed as Drawn

INITIAL SITE SKETCH Not to Scale



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: Jerry D. Cline date 6/7/01

Improvement Permit by: Marie H. Nelson RS date 5/11/01

Authorization to Construct by: Marie H. Nelson RS date 5/11/01

Installed by: C. Wayne Orbison RS.

Operation Permit by: Marie H. Nelson RS date ____

Existing System Inspection by: ____ date ____

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