2,30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101100 20 PIN# 4665-44-9601 4665449795 DATE 6/28/01

OWNER OR CONTRACTOR Tracy Van Auken PHONE: Business _____ Home 704-664-7868

ADDRESS 140 Rocky River Rd. Mooresville, NC. 28115

LOCATION Shearers Rd. TL Rocky River Rd. on (R) B4 Box 150

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~2.0 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10/8/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1599 Linear Feet 533

No Lines 4@133 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 1'

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees _____

[ ] Other _____

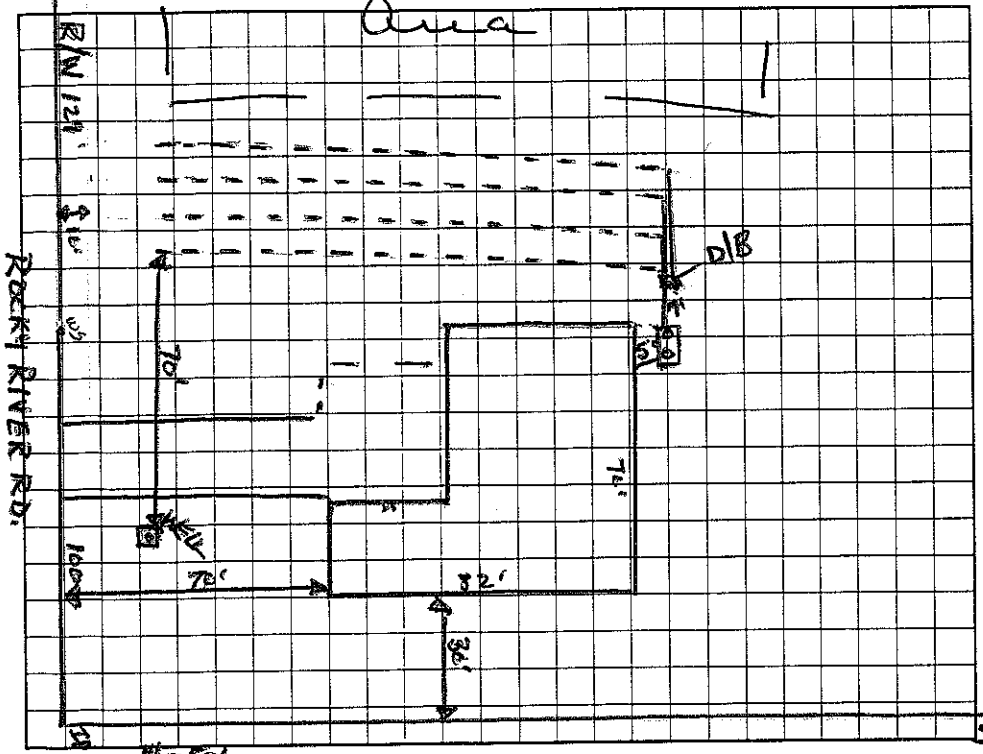
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

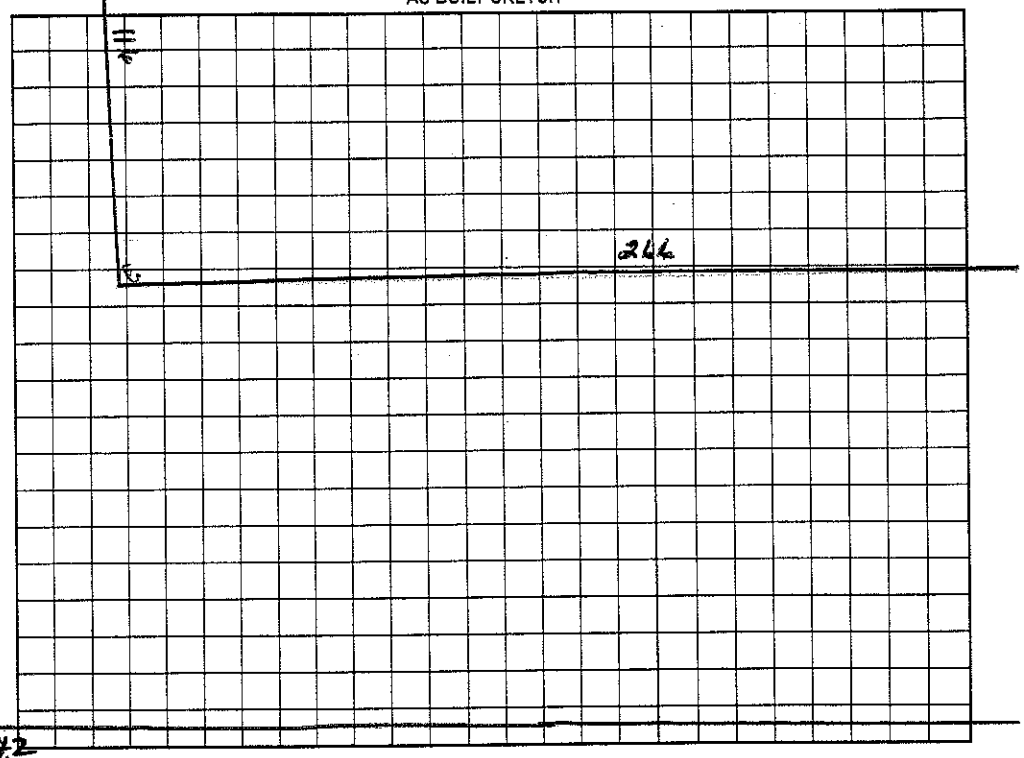
Comments/Conditions: 101 278 Repair Area

Comments/Conditions:

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: *Tracy B. Van Auken date _____

Improvement Permit by: Wesley Sparks RS. date 6/28/01

Authorization to Construct by: Wesley Sparks RS date 6/28/01

Installed by: Rowan Septic

Operation Permit by: _____ RS date 12/23/02

Existing System Inspection by: _____ date _____

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