IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095 031 PIN# 4665523259 DATE 3-30-2001

OWNER OR CONTRACTOR Julius Carpenter PHONE: ~~Business~~ 799-2163 ~~Home~~ 528-0848 Stacy w/Luv Homes

ADDRESS 111 Springtime Ln Mooresville, NC

LOCATION Shearers Rd S. to Springtime on left before Mill Pond

SUBDIVISION Timberview BLOCK / SECTION ____ LOT 71 LOT AREA .76 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ____

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720' Linear Feet 240'

No Lines 3 at 80' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: EXISTING Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

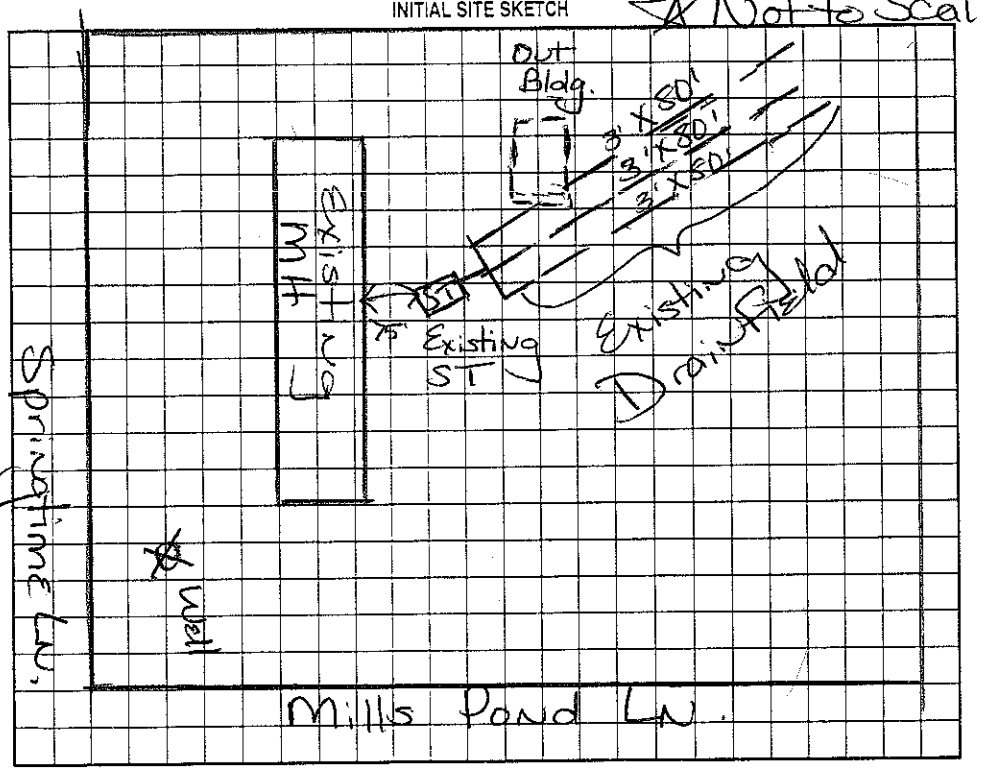
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic appears to be Functioning Okay. Although surface water should be diverted away from Drainfield.

Comments:/Conditions: Replacing Existing SW Mobile Home with DW MH. Septic tank should be "pumped out" when switching homes.

INITIAL SITE SKETCH ☆ Not to Scale



AS BUILT SKETCH

Keep new home at least 5' from Septic System.

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: Stacy W Clemmer date ____ Installed by: ____

Improvement Permit by: Maria H. Dotson date 3/30/2001 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria Dotson RS date 3/30/2001

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