IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 117123 PIN# 4668 51 3544 DATE 2/16/04

OWNER OR CONTRACTOR Haus Builders PHONE: Business 704-663-2251 Home

ADDRESS 288 Robinson Rd Mooresville, NC. 28117

LOCATION 150 E TL Overhead Bridge TR Scotland TR Newcastle Loop (R) of Culdesac

SUBDIVISION Highland Cross BLOCK / SECTION LOT 26 LOT AREA .92 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 7/3/04

Pump Tank: 1000 Gallons; PT 283 Date 6/29/04 Rec'd 2/16

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines ~~4 @ 80'~~ Trench Width 2-3' Max Trench Bottom Depth 30"

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

System Description: ~~Pressdosed 16" PRADO~~ 2 @ 80'

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

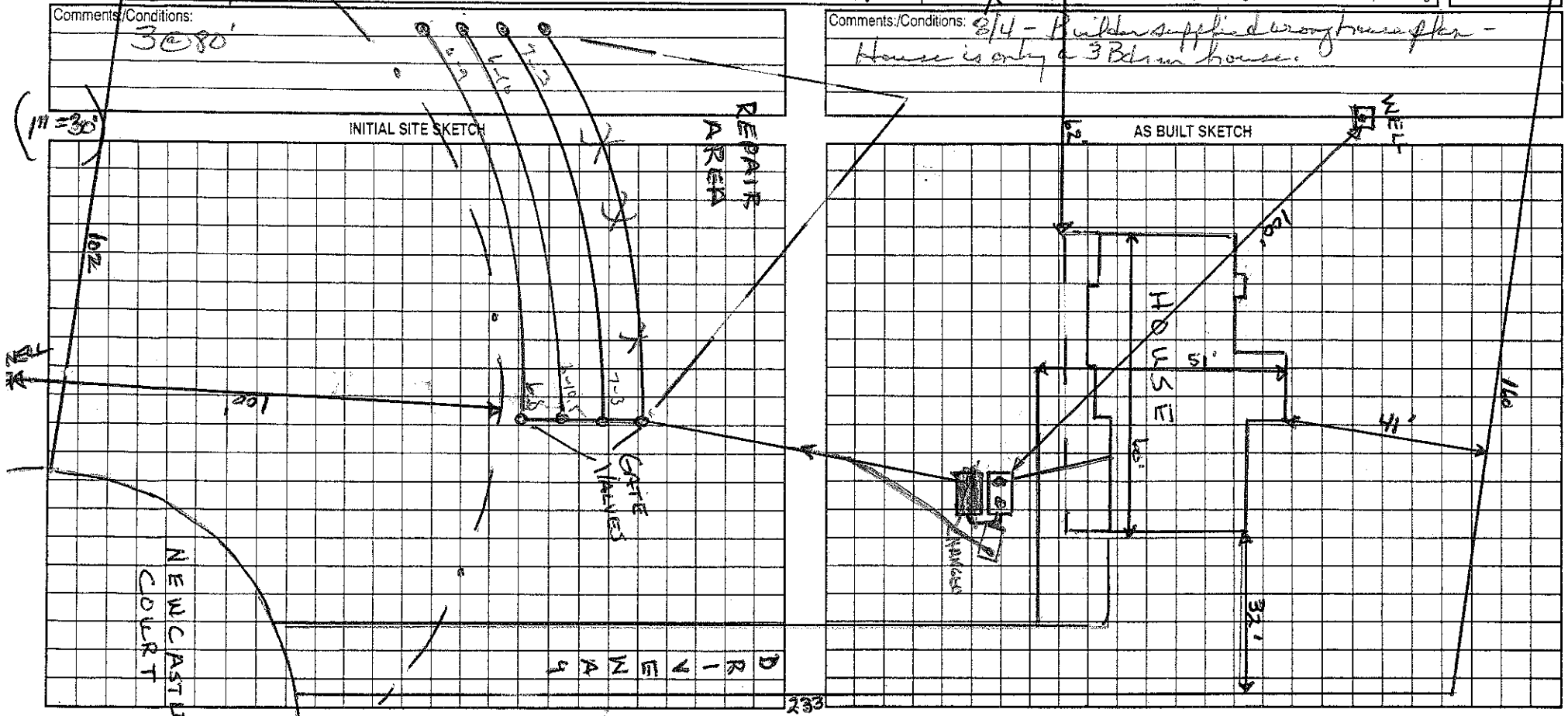
☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 3@80'

Comments:/Conditions: 8/4 - Builder supplied wrong house plan - House is only a 3 Bdrm house.



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 2/17/04 Installed by: Larry Bacon

Improvement Permit by: Wesley Sparks R.S. date 2/16/04 Operation Permit by: Wesley Sparks R.S. date 9/14/04

Authorization to Construct by: Wesley Sparks R.S. date 2/16/04 Existing System Inspection by: date

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