IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7640 PIN# 4668 51 6527 DATE 5/10/00

OWNER OR CONTRACTOR Clint Ford PHONE: Business _____ Home 882-6467

ADDRESS 5907 White Cliffs Dr. Monroe, NC. 28110

LOCATION 150 E TL Deerfield Bridge TR Scotland Dr. TR Newcastle Ct. to cul de sac on (L)

SUBDIVISION HIGHLAND CROSSING BLOCK / SECTION _____ LOT 25 LOT AREA .93 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4/16/2000

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120 x3' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: New - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

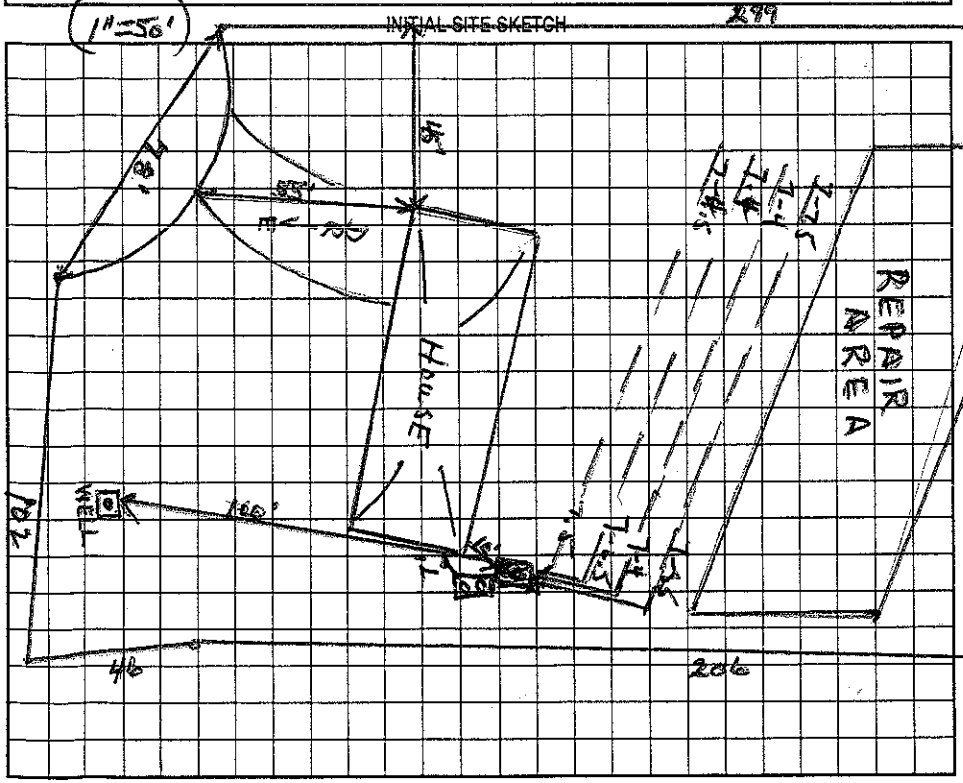
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

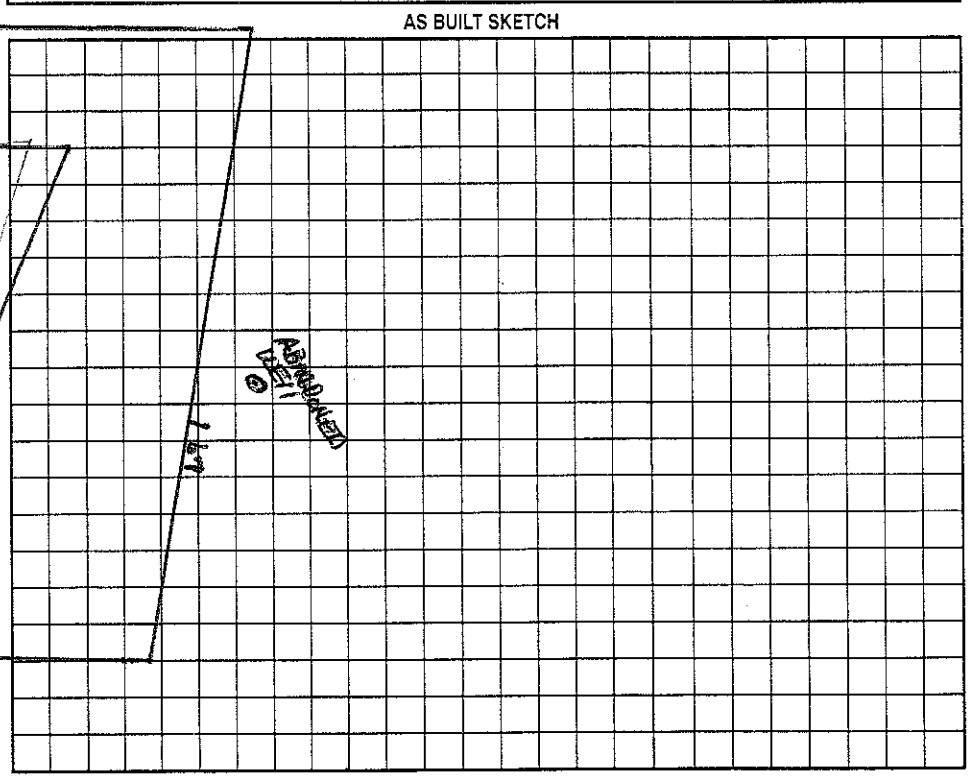
Comments/Conditions:

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(1"=50') 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 5-11-00 Installed by: C. Thompson - T. Faye

Improvement Permit by: Wesley Sparks R.S. date 5/10/00 Operation Permit by: Wesley Sparks R.S. date 7/28/00

Authorization to Construct by: Wesley Sparks R.S. date 5/10/00 Existing System Inspection by: _____ date _____

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