4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093975 PIN# 4675 18 8092 4675 17 6709 DATE 2/1/01

OWNER OR CONTRACTOR J Lynn Raper PHONE: Business _____ Home 663-8832

ADDRESS 554 Rocky River Rd. Mooresville, NC. 28115

LOCATION 1365 TR Rocky River Rd. on (L) just past 554 mail box

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 13.9 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 12/23/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4@133' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI

System Description: GRAV - CONVENTIONAL

Repair System Description: PRES - CONVENTIONAL

Maintenance Agreement Required: [ ] Yes [X] No

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

[ ] Mobile Home No. Bathrooms 3.5

[ ] Business No. Employees _____

[ ] Other _____

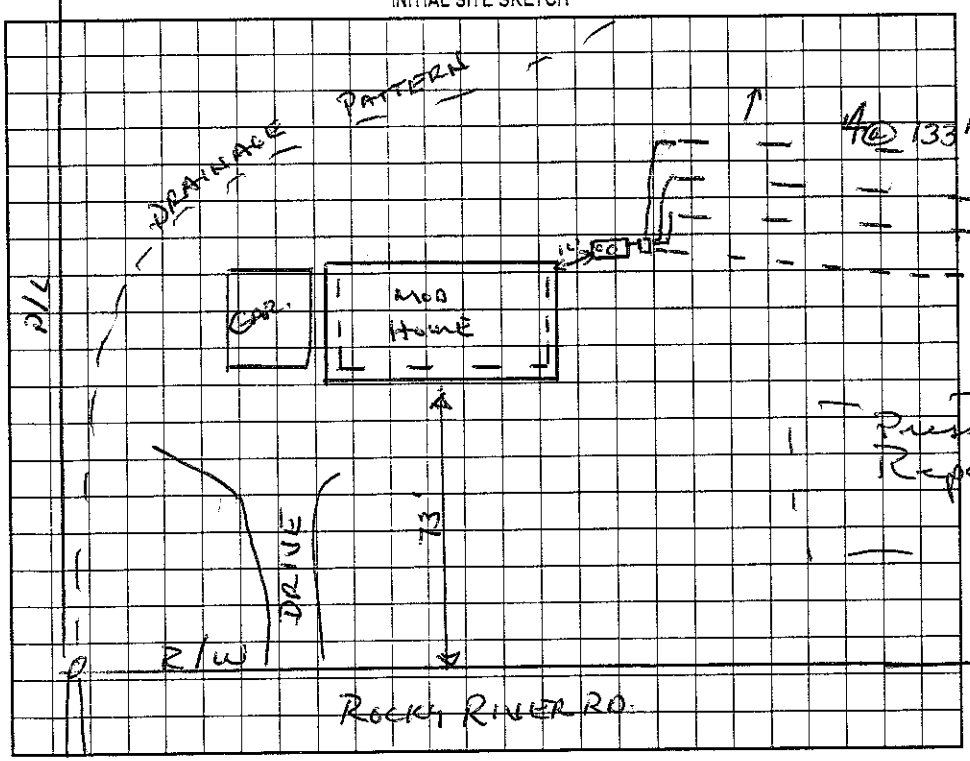
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community AT 554

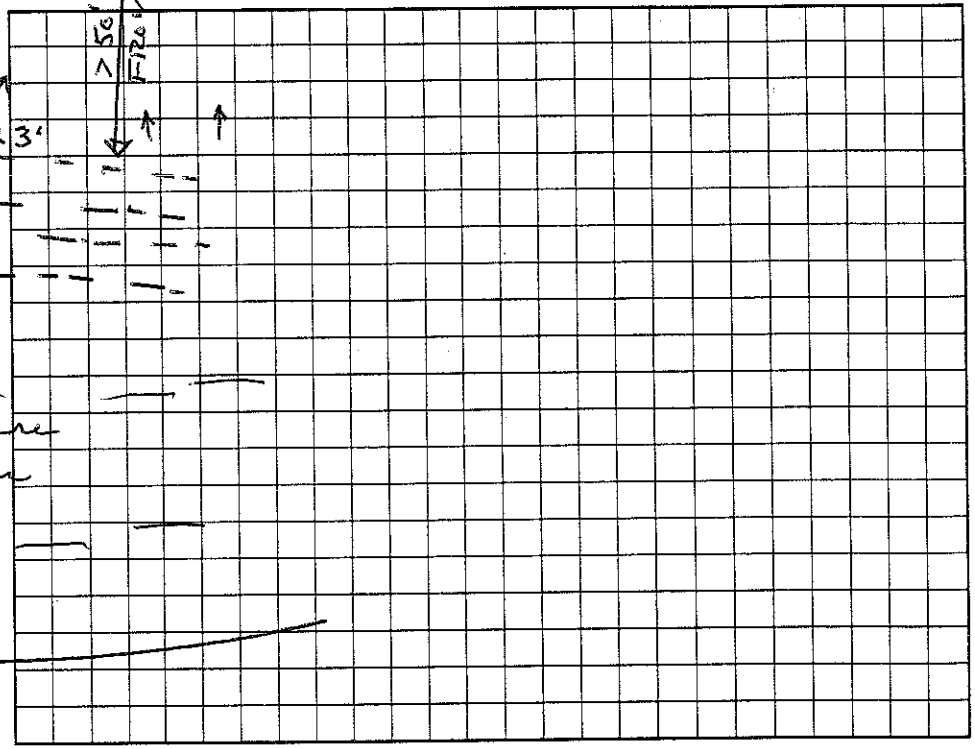
Comments/Conditions: Follow contour - Watch setback from pond - not less than 50'

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: * J L Raper date _____

Improvement Permit by: Wesley Sparks RS. date 2/1/01

Authorization to Construct by: Wesley Sparks RS. date 2/1/01

Installed by: Larry Tucker - Jamie O Daniel

Operation Permit by: Wesley Sparks RS. date 5/3/01

Existing System Inspection by: _____ date _____

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