IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079199 PIN# 4675 57 9606 DATE 1/12/99

OWNER OR CONTRACTOR Ralph Dale Earnhardt Inc. PHONE: Business 664-7888 Home

ADDRESS 1720 Coddle Creek Rd. Mooresville, NC. 28115

LOCATION 136S TL just before Sample Rd, three chicken houses to west building on (R)

SUBDIVISION EARNHARDT INC BLOCK / SECTION No LOT No LOT AREA ~35AC SITE CLASS. PS DESIGN FLOW 150 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 1012 Date 1/3/99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: DRIPBOX → CONVENTIONAL
Repair System Description: ____
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms ____
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees 6
[X] Other EXIST BLDG ADD PLUMBING

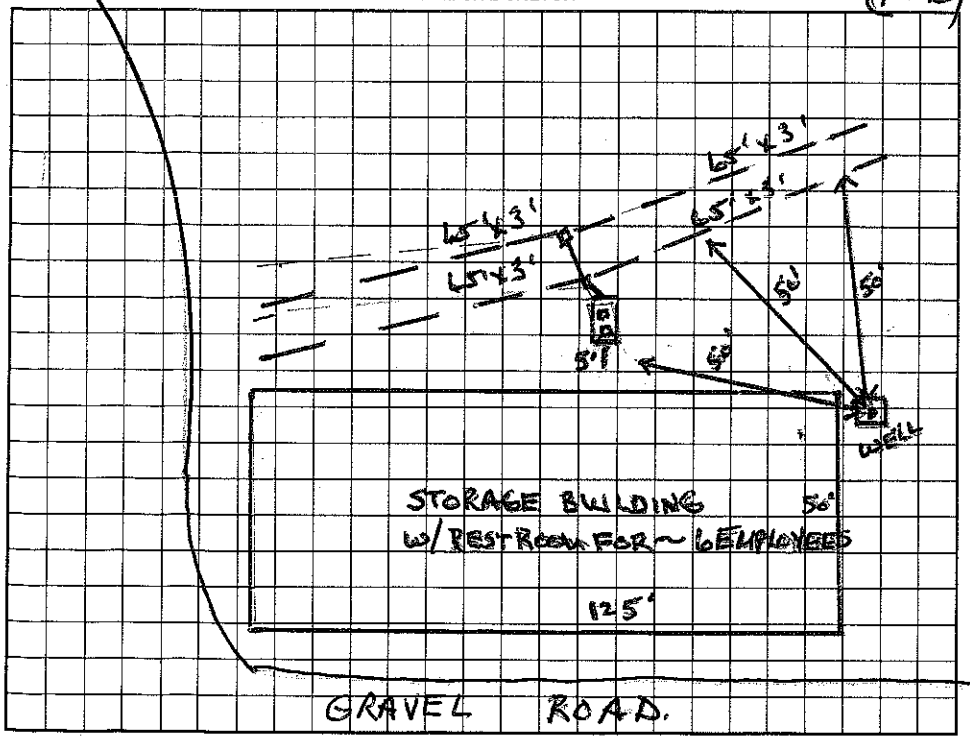
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

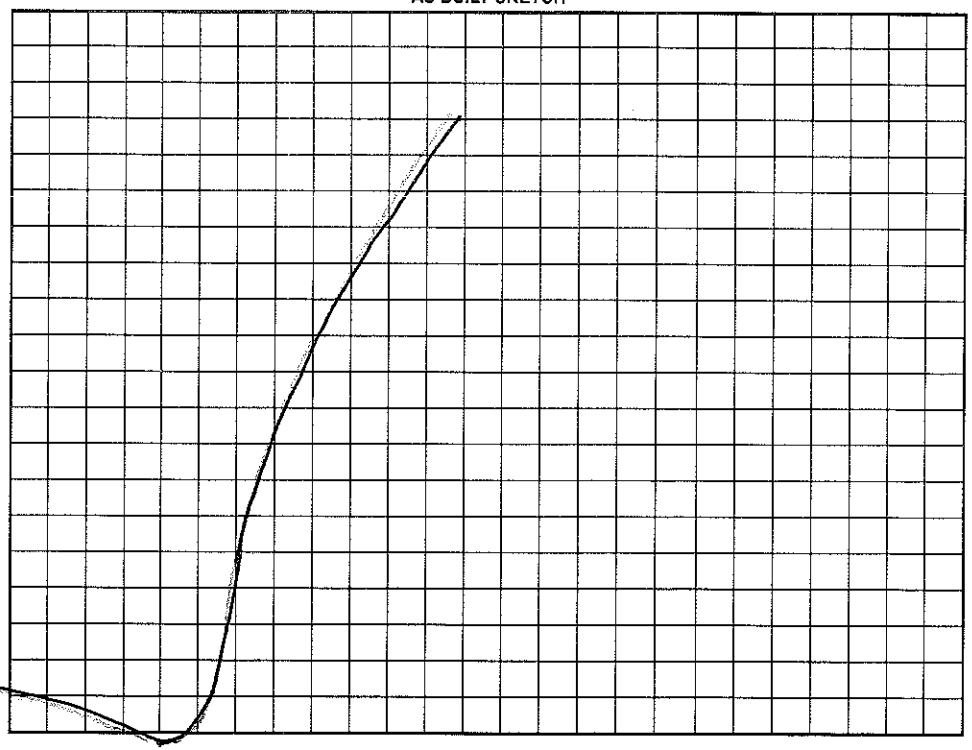
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH (1"=40')



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: X [signature] date 2/17/99 Installed by: Steve Jordan

Improvement Permit by: Wesley Sparks R.S. date 1/12/99 Operation Permit by: Wesley Sparks R.S. date 3/17/99

Authorization to Construct by: Wesley Sparks R.S. date 1/12/99 Existing System Inspection by: ____ date ____

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