IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116881 / 22009 PIN# ~~4676-18-1966~~ 4676192445 DATE 6/5/03

OWNER OR CONTRACTOR Scott Eggleston PHONE: Business ______ Home 663-0627

ADDRESS 431 Linwood Rd. Mooresville, NC 28115

LOCATION N Main St. TR Linwood Rd. TL Horse Hill Rd, up drive, bear left before shed, house on (R) in woods

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA ______ SITE CLASS. ______ DESIGN FLOW ______ L.T.A.R. ______

Septic Tank: 1000 Gallons; STB 312 Date 7/19/04

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100 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: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

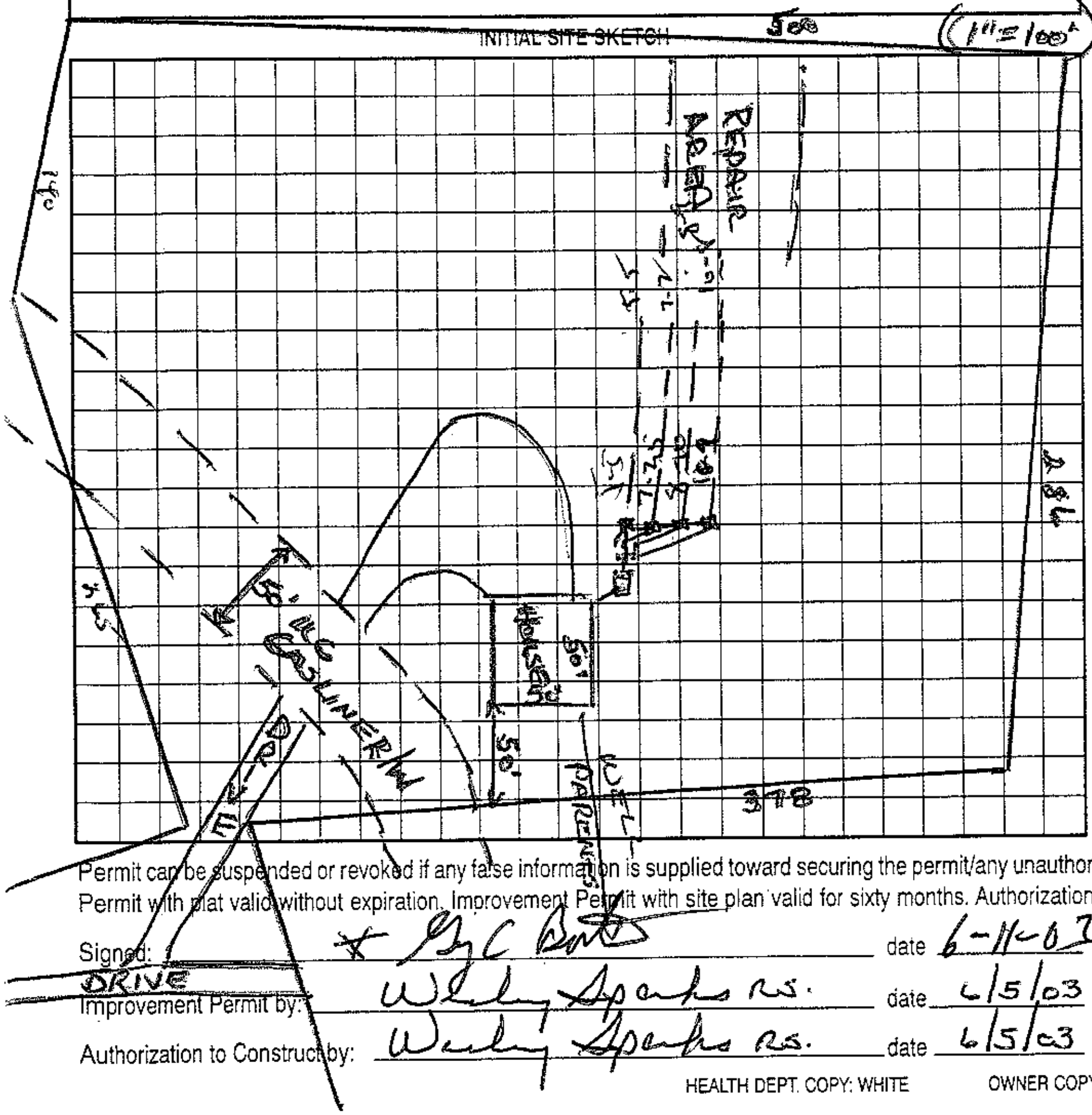
Water Supply: [X] Individual ☐ Public ☐ Community — PARENTS

☐ Slab ☐ Crawl Space [X] Basement w/plumbing (PARTIAL) ☐ Basement wo/plumbing

Comments:/Conditions: Follow contours!

Comments:/Conditions: Drop Boxes – installed as drawn on AC.

INITIAL SITE SKETCH (1" = 100')



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 6-11-03

Improvement Permit by: Wesley Sparks RS. date 6/5/03

Authorization to Construct by: Wesley Sparks RS. date 6/5/03

Installed by: Orbison + Sons.

Operation Permit by: Wesley Sparks RS. date 9/23/04

Existing System Inspection by: ______ date ______

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