IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093508 PIN# ~~4677-80-9201 PF~~ 4676-89-3722 DATE 12/4/00

OWNER OR CONTRACTOR Edward Dgein PHONE: Business _____ Home 664-8846

ADDRESS 162 Wisteria Ln. Mooresville, NC. 28117

LOCATION 150E TR Teeter Rd. (L) Magnolia Ridge (R) Oakwood Meadow to 3rd lot on (R)

SUBDIVISION Magnolia Ridge BLOCK / SECTION _____ LOT 7 LOT AREA 1.0ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. < 3

Septic Tank: 1000 Gallons; STB _____ Date 2/8/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@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: Gen. Conventional
Repair System Description: 25% reduced
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____

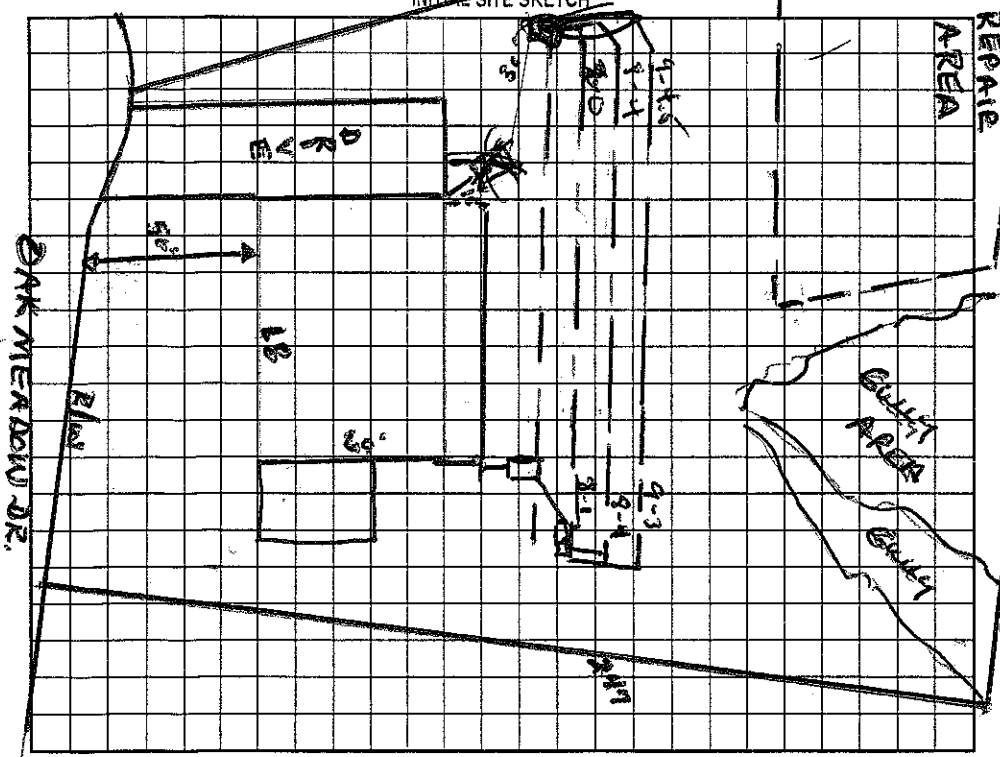
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

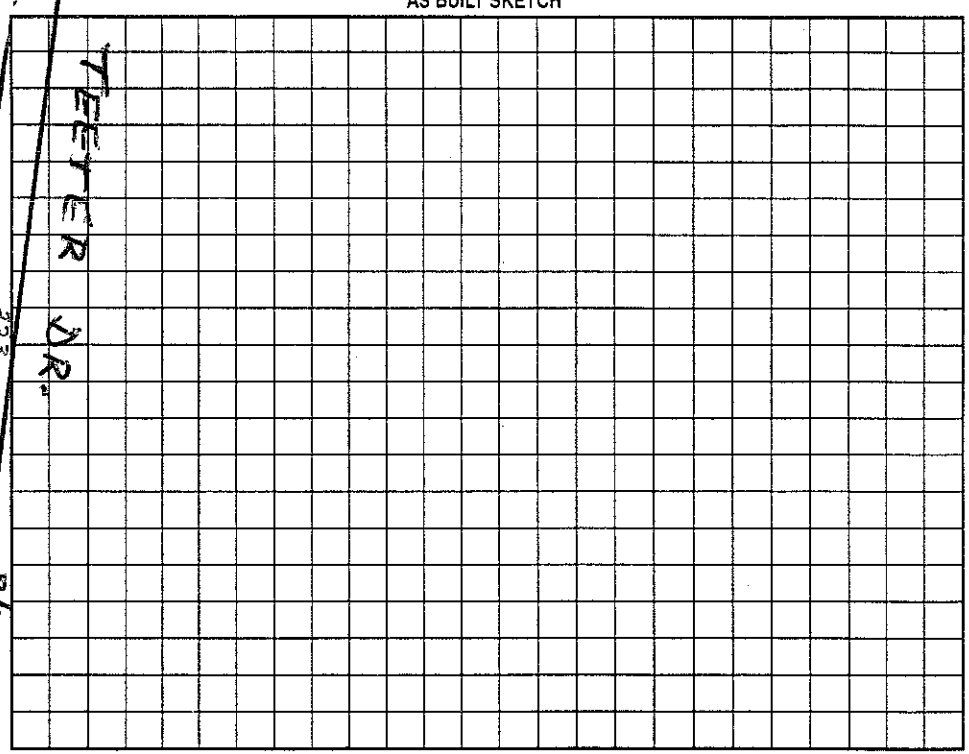
Comments:/Conditions:

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: * Edward F. Dgein date 12-6-00 Installed by: F J Ervin

Improvement Permit by: Wesley Sparks RS. date 12/4/00 Operation Permit by: Wesley Sparks RS. date 10/22/01

Authorization to Construct by: Wesley Sparks RS date 12/4/00 Existing System Inspection by: _____ date _____

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